Land State Health. Page Health. Page Health. Page Health. Boord of Health.

9138 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

09079

Reg. Dist. No.

	1. PLACE OF DEATH O. COUNTY ASSOCIATE MARYLAND	a. STATE Manyland b. COUNTY Desidence before admission)
	b. CITY OR TOWN (If outside corporate limits, write RURAL ond give nearest fown) Traderick RS 3 Year	c. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town) Hzslenick R. F. L. 3
	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) Poole Jones Road	d. STREET ADDRESS Poole Jones Road e. IS RESIDENCE ON A FARM? YES 10 NO
	3. NAME OF DECEASED (Type or print) First Henry (angle Death angust 10 1960
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED	8. DATE OF BIRTH (Mans 179) 1880 9. AGE (Myoors lift UNDER 14EAR IF UNDER 24 HRS. (Mans 179) 1880 9. AGE (Myoors lift UNDER 14EAR IF UNDER 24 HRS. (Mans 179) 1880 9. AGE (Myoors lift UNDER 14EAR IF UNDER 24 HRS. (Mans 179) 1880 9. AGE (Myoors lift UNDER 14EAR IF UNDER 24 HRS. (Mans 179) 1880 9. AGE (Myoors lift UNDER 14EAR IF UNDER 24 HRS. (Mans 179) 1880 9. AGE (Myoors lift UNDER 14EAR IF UNDER 24 HRS. (Mans 179) 1880 9. AGE (Myoors lift UNDER 14EAR IF UNDER 24 HRS. (Mans 179) 1880 9. AGE (Myoors lift UNDER 14EAR IF UNDER 24 HRS. (Mans 179) 1880 9. AGE (Myoors lift UNDER 14EAR IF UNDER 24 HRS. (Mans 179) 1880 9. AGE (Myoors lift UNDER 14EAR IF UNDER 24 HRS. (Mans 179) 1880 9. AGE (Myoors lift UNDER 14EAR IF UNDER 24 HRS. (Mans 179) 1880 9. AGE (Myoors lift UNDER 14EAR IF UNDER 24 HRS. (Mans 179) 1880 9. AGE (Myoors lift UNDER 14EAR IF UNDER 24 HRS. (Mans 179) 1880 9. AGE (Myoors lift UNDER 14EAR IF UNDER 24 HRS. (Mans 179) 1880 9. AGE (Myoors lift UNDER 14EAR IF UNDER 24 HRS. (Mans 179) 1880 9. AGE (Myoors lift UNDER 14EAR IF UNDER 24 HRS. (Mans 179) 1880 9. AGE (Myoors lift UNDER 14EAR IF UNDER 24 HRS. (Mans 179) 1880 9. AGE (Myoors lift UNDER 14EAR IF
1	100. USUAL OCCUPATION (Give kind of work done during most of working life, even if refired) Farmer	TRY 13. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
	13. FATHER'S NAME Walliam angle	Mary Rowland
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? [Yes, no, or unknown] [If yes, give war or dates of service] None 17. None	MANT Address Address Sun Many Francis BRS 3
	18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), ond (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if ony, which gove rise to immediate couse (a), stoting the underlying couse tost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(9) 19. WAS AUTOPSY
	200. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED.	PERFORMED? YES NOTE Enter nature of injury in Part I or Part II of item 18.)
I	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLA While Not while fac of work 19 of work 19	CE OF INJURY (Hame, form, 20f. (City or town) (Caunty) (State) tary, street, office bldg., etc.)
7	21. I certify that I took charge of the remains described about opinion death resulted from: Natural causes , Accident ACTUAL SIGNATURE	
	NAME (Type) 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OF	DEPUTY MEDICAL EXAMINER D Wingust 18/1950
	Removal (Specify) 8-16-60 Church of Bre	crematory (Store) 22d. LOCATION (City, towly, or county) (Store)
	M. R. Etchison & Son, Frederick, Marylan	nd 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE Orthon 8. Kraus

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay execute the certificate, writing the word, adding in pencil in Item, 18. Give Pages 1, 2, and 3 to the functional should be forwarded to the Chief Med. Examiner's Office along with form PM3. Page 5 may be religious. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the SIL are its designated agent, prior to burial, cremation, or remayal, and in any event within 72 hours after death VS A15ME 5M 2/57

DI S'S. MEDICAE EKAMBIER'S CERTIFICATE OF DEATH the state of the same L. H. SCHOLLDSE .H.

MARYLAND STATE DEPARTMENT OF HEALTH BY STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

09080

	Frederick		MARYLAND	2. USUAL RESIDENCE (WI		b. COUNTY		erick	ion)	
b. CITY OR TOWN RURAL and give Middle			NGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Braddock Heights						
d. NAME OF HOSPITAL (If nat in haspital, give street address) OR INSTITUTION Linden Blvde				d. STREET ADDRESS Jefferson Blvd.					e. IS RESIDENCE ON A FARM? YES NO	
. NAME OF DECEASED (Type or print)	ME	irst	Middle EDGAR	ANGLEBERGEI		-	gust	26,	960	
Male	6. COLOR OR RACE	7. MARRIED WIDOWED	NEVER MARRIED DIVORCED	8. DATE OF BIRTH October 7, 19		GE (In years ost birthdoy) yrs.	Manths Da		R 24 HI Min.	
Da. USUAL OCCUPA	TION (Give kind of work vorking life, even if retire	done 10b. KIND (OF BUSINESS OR INDUS	STRY 11. BIRTHPLACE (Stote	or foreign country Maryland			SA	OUNTR	
	iam H. Angle	eberger			ie O. Cr	ampt en				
	VER IN U. S. ARMED FO	RCES? 16. SOCIA	L SECURITY NO. 17. IP	NFORMANT		Addr	ess			
No. No. or unknown	(If yes, give war or dates of		LO-5660 Mx	rs. Miriam O.	Anglebe	fger-Sa	ame as	Item #	2	
Canditions, if gove rise to cause (a), static lying couse los	ng the <u>under</u> . DUE To	(c)	BUILDING TO DEATH BUIL	NOT RELATED TO THE TERM	INIAI DIEEACE CO	AND TION CIV	(EN IN PART 1/	allo WAS	AUTOF	
5 PART II. C	JIHEK SIGNIFICANT COI	NDITIONS CONTRI	BUTING TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE CO	NUTTION GIV	EN IN PART I	PERFO YES [RMED	
7	WAS TINIDEDIVING T	20b. DESCRIBE H	HOW INJURY OCCURRE	D. (Enter noture of injury in	Port I or Part II o	of item 18.)				
	NG CAUSE OF DEATH IFY MEDICAL EXAMINER)									
	JURY Manth, Day, Y. m.	ear 20d. INJURY	OCCURRED 20e. PL. Not while the work	ACE OF INJURY (Hame, form ctory, street, office bldg., etc	n, 20f. (City or	rown)	(Cou	nty)	(Sto	
20c. TIME OF INJ Hour o. n p. r 21. I certify t saw the dece	JURY Manth, Day, Y. m. 19 that (1) (this haspite eased alive an	ear 20d. INJURY While that wark at all attended the	Not while for	ctory, street, office bldg., etc	59.to Ci	up 2	6, 19 lei	that (1) (we) la	
20c. TIME OF INJ Hour o. n p. r 21. I certify t saw the dece 220. SIGNATURE	JURY Manth, Day, Y. m. 19 that (1) (this haspite eased alive an	ear 20d. INJURY While that wark at all attended the	Not while the work of the deceased fram	death occurred at 75. M.D. ATTENDING M.D. PHYS.	59 to Co	up 2	6, 19 lei	that (1) (we) lo	
20c. TIME OF INJ Hour o. n Por 21. I certify t saw the dece 22c. SIGNATURE 22c. PHYSICIAN'	JURY Manth, Day, Y. m. 19 that (1) (this haspite eased alive an	ear 20d. INJURY While at wark at all attended the control of the c	Not while the work of the deceased fram	death occurred at 7. M.D. ATTENDING M.PHYS. D	59 to Co	cooses an	6, 19 lei	that (1) (

rs after death. Page 4 the funeral director, and 2 shauld be filed with law requires that the death certificate be executed within 24 hou TO HOSPITAL OR ATTENDING PHYSICIAN: Tow requires that the death certificate be executed within 24 F may be retained by the hospital or attending yistcian.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 of the State Board of Health prior to burial, cremation, ar remayal, and in any event, within 72 hours after death. VR A15 (4) 15M 9/59

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

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	-	1	_	-6.

1. PLACE OF DEATH G. COUNTY FREDERICK ".	MARYLAND	2. USUAL RESIDENCE (Who	ere deceased lived. If institution: F AND b. COUNTY	Residence befare admission)
b. CITY OR TOWN (If autside carporate limits, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If at	utside carporate limits, write RURA	L and give nearest tawn)
RURAL and give nearest tawn) FREDERICK	Lifetime	FREDERICK.	1/	
d. NAME OF HOSPITAL (If not in hospital, give street	address)	d. STREET ADDRESS		e. IS RESIDENCE
OR INSTITUTION FREDERICK MEMO	RTAL HOSPITAL	19(1010)07	TCK. Md.	ON A FARM? YES NO NO
3. NAME OF First	Middle	Last	4. DATE Month	
DECEASED (Type or print) IRVING		ALL	DEATH August 9	1960
		B. DATE OF BIRTH	last birthday) Mc	JNDER 1 YEAR IF UNDER 24 HRS.
Male White: WIDOW 10a. USUAL OCCUPATION (Give kind of work dane 10b.		Nov. 6, 1903		12. CITIZEN OF WHAT COUNTRY?
during most af warking life, even if retired)				
Motion Picture Projections	st Motion Pi		derick, Md.	USA.
13. FATHER'S NAME		14. MOTHER'S MAIDEN N	The second secon	
Irving A. Be		ra Naomi Mi		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. (Yes, no. or unknown) (If yes, give war or dates of service)	SOCIAL SECURITY NO. 17. IN	FORMANT	Address	
No. 2	111-10-2372 M	es. Frances Gr	imes Beall 18	Tower Apt, Fre
PART I. DEATH Enter anly one couse per I' PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Canditions, if ony, which	tepatic	oma 1 lie		INTERVAL BETWEEN ONSET AND DEATH
gave rise to immediate cause (a), stating the <u>under-lying cause last.</u> (b) DUE TO (c)	money of			T years
PART II. OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMIN	nal disease condition given i	N PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	SCRIBE HOW INJURY OCCURRED	D. (Enter nature af injury in P	art I ar Part II af item 18.)	
Haur a. m. While		CE OF INJURY (Hame, form, tary, street, affice bldg., etc.		(Caunty) (State)
21. I certify that (I) (this haspital) atten- saw the deceased alive an area 9		1	M, from the causes and a	
20. SIGNATURE.	hare	ATTENDING ME	D. STAFF	22b. DATE SIGNED
22c. PHYSICIAN'S HENRY V. CH	HASE M.D.	22d. ADDRESS	nurch St. Fred	erick, Md.
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL Aug. 12, 196	23c. NAME OF CEMETERY O	R CREMATORY	23d. LOCATION (City, town, or co	Maryland
DATIEY S: FUNERAL HOME	Frederick, J	faryland DATE ALL		R'S SIGNATURE

may be retained by the haspital or ottend hysician.

Deureral Director: After this certificate was been signed by the attending physicion and completely filled page 3 should be detached for use as the burial-transit permit. Then please remove corban papers. Pages 1 the State Board of Health prior to burial, cremation, ar removal, and in any grent, whin 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: may be retained by the hospital or othered TO FUNERAL DIRECTOR: After this certificate VR A15 (4) 15M 9/59

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

08	CERTIFICATE	OF	DEATH

Reg. Dist. No. 9082

1. PLACE OF DEATH o. COUNTY Frederick MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution; Residence before admission) o. STATE Maryland b. COUNTY Frederick
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 13 Years	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown) Frederick
d. NAME OF HOSPITAL (If not in hospitol, give street oddress) 201 East Seventh Street	d. STREET ADDRESS 201 East Seventh Street on a Farma yes in to
3. NAME OF First Middle DECEASED (Type or print) CARRIE ANN REBECCA I	BIDDINGER 4. DATE OF DEATH August 11, 1960
5. SEX 6. COLOR OR RACE Female White Widowed Divorced D	B. DATE OF BIRTH August 14, 1885 9. AGE (In years lost birthday) 75 yrs. FUNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.
10o. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House—work 13. FATHER'S NAME	Maryland USA 14. MOTHER'S MAIDEN NAME
(Var. on the state of the state	Elizabeth Baker NFORMANT Address r. Francis C. Biddinger-Same as Item #2
Conditions, if any, which gove rise to immediate couse (a), stating the under-lying couse lost. DUE TO DUE TO (b) Certerione Curd. (c)	ONSET AND DEATH THE CANADIS NOTICE AND DEATH TO TRELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO.
20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED While Not while for work 19 of work 10 to	ACE OF INJURY (Home, form, ctory, street, office bldg., etc.) 20t. (City or town) (County) (Stote) 1957, to 1969, that I last saw the deceased occurred at 12:35PM, fram the causes and on the date stated above ADDRESS (Street, city or town, stote) M.D. Walkersville, Maryland 8/15/60
220. BURIAL, CREMATION, REMOVAL (Specify) Aug. 17,1960 220. NAME OF CEMETERY OF LOCUST Grove 221. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	
M. R. Etchison & Son, Frederick, Maryla	nd DATE AUG 17'60 Only & Know

VS A15 (4) 15M 9/55

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VR A15 (4) 15M 9/59

WAlterL.	MARYLAND STATE DEPARTMENT OF HEALTH
141111	DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
BRACY	O 1 O O CERTIFICATE OF DEATH

09083

1. PLACE OF DEATH o. COUNTY	Frederic	k	MARYL		CTATE	ence (Wh		lived. If instituti b. COUNTY				iion)
b. CITY OR TOWN (RURAL ond give in Frederi		, write	c. LENGTH OF STAY I	N 1b	1	own (If o		ote limits, write F	RURAL and	give near	rest town	n)
d. NAME OF HOSPI OR INSTITUTION	TAL (If not in haspital, gives 1509 West	0		j	d. STREET A		8th,	Street			ON A	FARM?
3. NAME OF DECEASED (Type or print)	Walter		Middle L •	Bra	dy loss		4. DATE OF DEATH	8 Mar		Day		Year 1960
5. SEX Male	1027- 2 3	7. MARRIE WIDOWED	DEVER MARRIED	_	-9-18	0		9. AGE (In years last birthdoy) 73 yrs.	Months	Days Days	IF UND Hours	ER 24 HRS. Min.
Retired	ON (Give kind of work do rking life, even if retired) Conductor		& ORR	Co	West	Vir	ginia	untry)		S.A		COUNTRY?
13. FATHER'S NAME	George V	N.Bra	ady		4. MOTHER'S	MAIDEN N		phine H	Rolar	nd		
15. WAS DECEASED EVI (Yes, no, or unknown)	ER IN U. S. ARMED FORC (If yes, give war or dates of ser		OCIAL SECURITY NO.	17. INFO		heri			ress		Md.	
Conditions, if a gave rise to couse (o), stoting lying cause last.	immediate DUE TO	ITIONS CO	DAO NC		T RELATED TO		NAL DISEASE		VEN IN PAR	C	D. WAS PERFC	AUTOPSY DRMED?
200. ACCIDENT W OR CONTRIBUTING (IF EITHER, NOTIF)	G CAUSE OF DEATH		RIBE HOW INJURY OC	CURRED. (E	inter noture o	f injury in F	Port 1 or Part	II of item 18.)			153	МО
20c. TIME OF INJUI Haur a. m. p. m.	RY Month, Day, Year 19	While at work	Not while		OF INJURY (I , street, office			or town)	(County)		(Stote)
	at (I) (this haspital) used alive on S		1 10		ATTENDING	at		the causes are			stated	
23a. BURIAL, CREMATIC REMOVAL (Specify BIRTAT.	ON, 236, DATE THEREOF	. / -	23c. NAME OF CEME	TERY OR CI	REMATORY			ION (City, tawn,		st	(Star	,
24. FUNERAL DIRECTOR		runsv	ADDRESS wick, Mary			250. REC'I	BY REGISTI	RAR 25b, REG	ISTRAR'S SI	GNATUR	E	

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09084

		CERTIFICA	AIE OF DEAIR		Re	g. Dist. No.		
	Lace of DEATH COUNTY Frederich	MARYLAND	2. USUAL RESIDENCE (Who o. STATE		If institution R.	esidence befor	re odmiss	ion)
	o. CITY OR TOWN (If outside carporate limits, write RURAL and give pearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF A	utside corporate lin	nits, write RURAL	and give nea	rest lawn	1
	d. NAME OF HOSPITAL (If not in hospital, give street OR INSTITUTION	address)	d. STREET ADDRESS	agaix			e. IS RES ON A YES	IDENCE FARM?
3.	NAME OF DECEASED Type or print) FLORENCE CA	Middle THERINE E	REIGHNER	4. DATE OF DEATH	Month aug.	Da //		Yeor 1960
5.	EX 6. COLOR OR RACE 7. MARI		B. DATE OF BIRTH Max 18 1884	9. AG last		NDER 1 YEAR of this Days	Hours	Min.
1	USUAL OCCUPATION (Give kind of work done 10b. during most of working life, even if retired) ATHER'S NAME	KIND OF BUSINESS OR INDUS	STRY 11. BIRTHPLACE (Stole 1)	and		2. CITIZEN O	S.A	COUNTRY
	Columbus Sun	SOCIAL SECURITY NO. 17. II	Elisa, la	ne mo	Address			
	(If yes, give war or dates of service)		r. Charles L.	Breigh	yes Ut	elkus	will	e, m
	18. CAUSE OF DEATH [Enter only one cause per li PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO	ne for (a), (b), and (c).]	inction		+		2 LU	
	Conditions, if any, which gove rise to immediate cause (a), stating the underlying couse lost. (b) DUE TO	r ') 1	resitoneum	relision	erro	13	Lye	vu
CATION	PART 11. OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMI	NAL DISEASE CON	DITION GIVEN II	V PART 1(0)	PERFO YES	RMED?
CERTIFI	20g. ACCIDENT WAS UNDERLYING TO CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	SCRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in F	Part I or Part II of i	tem 18.)			
MEDICAL	20c. TIME OF INJURY Manth, Day, Year 20d. I Haur a. m. While p. m. 19 of war	Nat while fac	ACE OF INJURY (Home, form ctory, street, office bldg., etc.		vn)	(County)		(State)
	21. I certify that I attended the decease alive on	1	A., 19.50, to accurred at 3. P.	_M, from the ADDRESS (Street, c	causes and	on the da	te state	
	BURIAL CREMATION, 226. DATE THEREOF REMOVAL (Specify) 8/15/60	mt. Olivet	Penutikus	22d. LOCATION (wick.		(Stote	-1/
23.	FUNERAL DIRECTOR'S SIGNATURE 4.C. Barton W	alkers velle.	My. DATEMAN	D BY REGISTRAR	24b. REGISTRAI	R'S SIGNATUR		

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the hospital or attend abhysician.

TO FUNERAL DIRECTOR: After this certifical as been signed by the attending physician and campletely filled by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please-remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 bours after death. VS A15 (4) 15M 9/55

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0110 CERTIFICATE OF DEATH

09085

	U		921(111					Reg. Dist.	No.	
1. PLACE OF DEATH o. COUNTY	Frederick		MARYL		USUAL RESIDENCE (WA	ere deceased live	d. If institution b. COUNTY		before admi	
b. CITY OR TOWN (II RURAL ond give ne Freder	4 6	ts, write	Days	N 1b	c. CITY OR TOWN (IF o	utside corporate ederick-			44 4	vn)
OR INSTITUTION	d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION Frederick Memorial Hospital					ers Road			ON	FARM?
3. NAME OF DECEASED (Type or print)	Fir RU		Middle MAY		BRUCHEY	4. DATE OF DEATH	Month		Doy 1,	Yeor 19 60
5. SEX Female	6. COLOR OR RACE	7. MARR	NEVER MARRIES		July 2 Human 6, 19	904 56		FUNDER 1 Y	EAR IF UNI	
10a. USUAL OCCUPATIO	ON (Give kind of work or king life, even if retired	done 10b.	- 0	INDUSTRY		or foreign countr			IN OF WHA	AT COUNTRY?
13. FATHER'S NAME				1.	. MOTHER'S MAIDEN N					
Walter	S. Reeder					tie Miss				
15. WAS DECEASED EVER	R IN U. S. ARMED FOR (If yes, give wor or dates et a		SOCIAL SECURITY NO.	Mrs (Charles E. I	Bruchey-	Same as		#2	
Conditions, if or gove rise to it couse (o), stoting lying couse lost.	nmediate The under-	Ca	arcinoma contributing to dea	of TH BUT NO	related to the termi		lon		ONSET AN	Jyr
20g. ACCIDENT WA	S UNDERLYING CAUSE OF DEATH				nter noture of injury in f				PERF	NO NO
V 20c. TIME OF INJUR Hour o. m. p. m.	MEDICAL EXAMINER) Y Month, Doy, Yes 19	ar 20d. II While of wor	Not while		OF INJURY (Home, form, street, office bldg., etc.		lown)	(Cou	unty)	(State)
21. I certify the alive on	Jenry V.	decease 19		death ac	East Chur Frederick	address (Street	ne causes and city or town, st	nd an the	date sta	DATE SIGNE
220. BURIAL, CREMATIO REMOYAL (Specify) Burial	Aug.,3,]	DF L960	22c. NAME OF CEME Mount Oli			22d. LOCATION	(City, town, or		Maryla	ote) and
23. FUNERAL DIRECTOR	ison & Soh	Fre	derick, Mar	yland	24g. REC'	D BY REGISTRAR		Thun S. 1		THE ST

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the hospital or ottend chysician.

TO FUNERAL DIRECTOR: After this certifical as been signed by the attending physician and completely filled by the funeral director, page 3 should be detached for use as the buriol-transit permit. Then please remove carbon papers. Pages 1 and 2 shauld be filed with the registrar prior to burial, cremation, or removal, and in any event within 2 bours after death. VS A15 (4) 15M 9/55

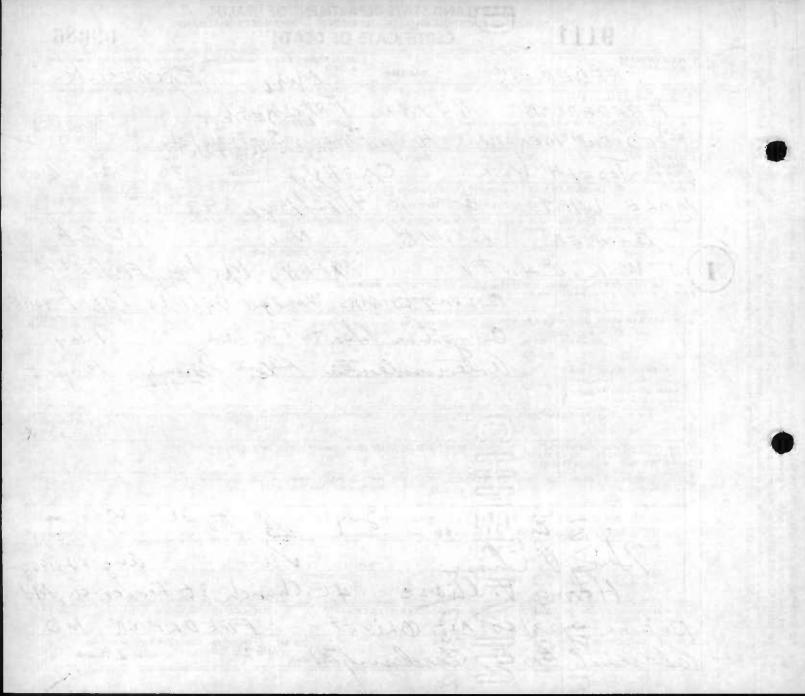
VR A1S (4) 1SM 9/59

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

9111

09086

1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
O. COUNTY FREDERIE/ MARYLAND	O. STATE M.D B. COUNTY FOR ERICK
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town)
FREDERICK 73YRS	FREDERICK
d. NAME OF HOSPITAL (If not in hospital, give street oddress) OB INSTITUTION	d. STREET ADDRESS e. IS RESIDENCE ON A FARM?
FREDERILL MENERIAL HOSP	PRHICIS SCOTT HOTEL YES NO I
3. NAME OF DECEASED (Type or print) JOSEBH W. L. Middle	ARTU S Day Year Death S 2/ 60
S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DIVORCED DIVORCED	B. DATE OF BIRTH 9. AGE (In years left UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	USTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
IN. W. L. CARTY	MARY M. LUGENBELL
S. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	INFORMANT Adgress
212-14-7354	MRS. WALTER DELILLE LIALTIMURE
1B. CAUSE OF DEATH [Enter anly one cause per line for (o), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Congostine	Seart tailine Iday
DUE TO	- 11 - D.
Canditions, if any, which gave rise to immediate (b)	value Herean 10 yest
couse (a), stating the under-	
lying cause lost. (c) (c)	JT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY
ICATIC	PERFORMED? YES NO
206. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RED. (Enter noture of injury in Port I or Port II of item 18.)
	PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State)
Hour o. m. p. m. 19 While Not while of work of work	
21. I certify that (I) (this haspital) attended the deceased fram	
saw the deceased alive an area 1960, and that	death accurred at Co. M, from the causes and an the date stated above.
Jenos V. Chase	M.D. ATTENDING MED. STAFF AND AND 2 SIGNED PHYS. D AND 2 1960
22c. PHYSICIAN'S NAME (Type) Heary V. Chase	4 E. Church St Frederick Md
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY	OR CREMATORY 23d. LOCATION (City, town, or county) (State)
BURIAL 8/23/60 MT. OL	IVET FREDERIER MD
24. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	25a. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE
Colorens Go Carry Tredes	my DATE



urs after death. Page 4 the funeral directar,

law requires that the death certificate be executed within 24 ha

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 has be retained by the hospital ar ottending yistian.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled page 3 shauld be detached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 of the registrar prior to burial, cremation, ar remayal, and in any event within 72 hours after death.

VS A1S (4) 1SM 9/S8

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 9134

CERTIFICATE OF DEATH

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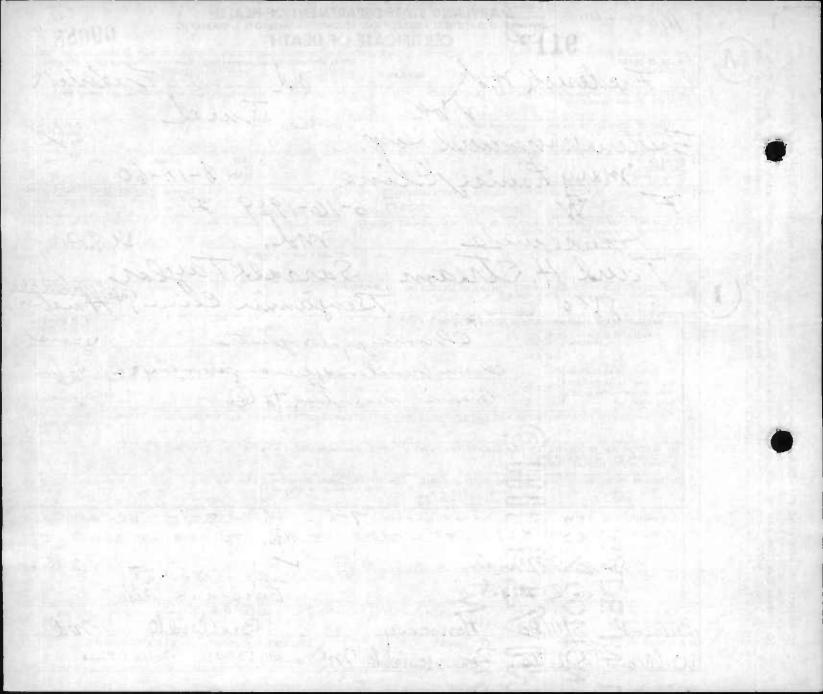
Rea. Dist. No.

PLACE OF DEATH O. COUNTY	Frederick	MARYLAND	2. USUAL RESIDENCE (WH		COUNTY	n: Residence bel Freder	
RURAL ond give n				outside corporate limi			
d. NAME OF HOSPI OR INSTITUTION	TAL (If not in hospital, give s	20 00	d. STREET ADDRESS			1	e. IS RESIDENCE ON A FARM? YES NO
NAME OF DECEASED (Type or print)	First Utica	Middle Lillian	Lost Carty	4. DATE OF DEATH	Manth 8	13	Day Year
Female		MARRIED NEVER MARRIED DOWED DIVORCED	8. DATE OF BIRTH (1897)	lastyl	1	Months Days	AR IF UNDER 24 HR Hours Min.
0a. USUAL OCCUPATION during most of wor House	king life, even if retired)	10b. KIND OF BUSINESS OR IND		or foreign country) irginia		12. CITIZEN C	OF WHAT COUNTRY
3. FATHER'S NAME	William	Arvin	14. MOTHER'S MAIDEN N	Anna Ki	dwil	ler	
S. WAS DECEASED EVE (Yes, no. or unknown)	R IN U. S. ARMED FORCES (If yes, give war or dates of service		INFORMANT George W.Car	ty,Bruns	Addre		and
Conditions, if o gove rise to i couse (o), stoting lying couse lost. PART II. OTI	the under- DUE TO (c)	ONS CONTRIBUTING TO DEATH 8	UT NOT RELATED TO THE TERMI	INAL DISEASE COND	ITION GIVE	EN IN PART 1(o)	19. WAS AUTOPS
□ OR CONTRIBUTING	AS UNDERLYING 20b	. DESCRIBE HOW INJURY OCCUR	RED. (Enter nature of injury in	Port I or Port II of ite	em 18.)		PERFORMED? YES NO
-	RY Month, Doy, Year		PLACE OF INJURY (Home, form foctory, street, office bldg., etc.		n)	(Caunt)	y) (Stat
alive on			W.D	M, fram the co	y or town, s	d an the da	DATE SIGNI
NAME (Type)	C.E.Pruitt	22c. NAME OF CEMETERY		22d. LOCATION (C		Maryla:	nd (State)
REMOVAL (Specify Burial)	'S SIGNATURE	Park Heig ADDRESS runswick, Mary	24a. REC'			YKAR'S SIGNAT	
17i All	elle -	T current Town Wilder.	DATE AL	IG 1 6 '60	Civ	Limit d. 100	

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VR A15 (4) 15M 9/59

	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH	09088
1.	PLACE OF DEATH O. COUNTY MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If institution: Resid of STATE of STATE) B. COUNTY D. CITY OR TOWN (If outside corporate limits, write RURAL one RURAL ond give nearest town)	rednick (
·~	d. NAME OF HOSPITAL (If not in haspital, give street address) OR INSTITUTION CLEUTER ADDRESS d. STREET ADDRESS	IS RESIDENCE ON A FAM? YES NO
5.		Day Year 19 ER 1 YEAR IF UNDER 24 HRS.
10	during most of working life, even if retired)	Doys Hours Min. ITIZEN OF WHAT COUNTRY?
15	. FATHER'S NAME 14. MOTHER'S MAIDEN NAME AND ALK TOYLOR WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Est, no. or unknown) (If yes, give wor or doles of service) Servicent Clinical	reduit REL
	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which gove rise to immediate couse (a), stating the under-lying couse lost. (b) DUE TO Chance rendered to the couse (a), stating the under-lying couse lost.	INTERVAL BETWEEN ONSET AND DEATH
CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PA	ART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
MEDICAL CE		(County) (State)
		60, that (I) (we) last he date stated abave. 22b. DATE SIGNED A- 0 - 6 0
1/2	So. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, 10mm, or county 3 county 3 county 3 county 3 county 3 county 3 county 4 county 5 county 6 count	md
1	William B. Hillon Barnesial & mo Date AUG 15'60 and and	



0110	CERTIFICA	ALE OF DEATH	Reg. Dist	. No.
1. PLACE OF DEATH o. COUNTY Frederick	MARYLAND	2. USUAL RESIDENCE (Where deceased o. STATE Maryland	b. COUNTY Fre	derick
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Frederick	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corpord		ve nearest town)
d. NAME OF HOSPITAL (If not in hospital, give street of OR INSTITUTION Frederick Mem. Hos		d. STREET ADDRESS	rovia	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) William /	Franklin	Crum 4. DATE OF DEATH	Au 9	Day Year 5 1960
Male White Widowe	The state of the s	B. DATE OF BIRTH July 11, 1912	P. AGE (In years IF UNDER 1 Months E	YEAR IF UNDER 24 HR. Poys Hours Min.
0a. USUAL OCCUPATION (Give kind of work done 10b. I during most of working life, even if retired) Mechanic	KIND OF BUSINESS OR INDUS	TRY 11. BIRTHPLACE (State or foreign con Frederick Co	untry) f2. CITIZ	EN OF WHAT COUNT
3. FATHER'S NAME		14. MOTHER'S MAIDEN NAME		
Albert W. Crum		Evie May Bur	ke	
(Yes, no, or unknown) (If yes, give wor or dates of service)	l 21 Cana	FORMANT Ars Catherine V.	Address Crum Monro	ovia Md
1B. CAUSE OF DEATH [Enter only one cause per lin PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	refor (a), (b), and (c).]	Least failure		ONSET AND BEATH
Conditions, if ony, which gove rise to immediate codes (o), stoting the under-	eumatic /	leart Disease		20 yrs
PART II. OTHER SIGNIFICANT CONDITIONS C 200. ACCIDENT WAS UNDERLYING 20b. DESC OR CONTRIBUTING CAUSE OF DEATH UTILITY MEDICAL EXAMINER)	ONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE	CONDITION GIVEN IN PART	I(o) 19. WAS AUTOPS' PERFORMED' YES NO
	CRIBE HOW INJURY OCCURRED). (Enter nature of injury in Part 1 or Part	II of item 18.)	*
20c. TIME OF INJURY Month, Day, Year Hour o. m. 19 Ville of work	Not while foo	CE OF INJURY IHome, farm, 20f. (City tary, street, affice bldg., etc.)	or tawn) (Co	ounty) (State
21. I certify that I attended the decease alive on aug. 5. 19.	od from arg 5 60, and that death		the causes and on the cet, city or lown, state)	e date stated abo DATE SIGN
PHYSICIAN'S Henry V.	Chase	Frederich	manylo	and
220. BURIAL CREMATION, 226. DATE THEREOF REMOVAL (Specify) BURIAL Aug. 9.1960	22c. NAME OF CEMETERY OF Providence		on (City, town, or county)	(State)
23. FUMBRAY DIRECTOR'S SIGNATURE OLSUN	Damascus	24a. REC'D BY REGISTE	AR 246. REGISTRAR'S SIGN	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certifical as been signed by the attending physician and campletely filled by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remave-carbon pages? Pages 1 and 2 should be fired-with the registrar prior to burial, cremation, ar remaval, and in any event within 72 haurs after death.

VS A1S (4) 1SM 9/SS

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VR A15 (4) 1SM 9/S9

MARYLAND STATE DEPARTMENT OF HEALTH 9 Privision of Statistical Research and RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

09090

	PLACE OF DEATH O. COUNTY		 USUAL RESIDENCE (Where decease o. STATE 	1 001111711			
	Frederick	MARYLAND	Maryland	Was	hington /		
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Frederick	ENGTH OF STAY IN 16	c. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town) We verton				
	d. NAME OF HOSPITAL (If not in hospital, give street addres OR INSTITUTION	ss)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?		
1	Memorial Hospital		Weverton Hi	11	YES NO		
	3. NAME OF DECEASED (Type or print) Lu/a	Middle M	Deeney 4. DATE OF DEAT.		Day Year 16 1960		
	5. SEX 6. COLOR OR RACE 7. MARRIED	NEVER MARRIED B. D	DATE OF BIRTH		ER 1 YEAR IF UNDER 24 HRS.		
	Female White WIDOWERS	DIVORCED 10	0-9-1881	last birthday) Month	Days Hours Min.		
	10a. USUAL OCCUPATION (Give kind of work done 10b. KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign	country) 12. (CITIZEN OF WHAT COUNTRY?		
	during most of working life, even if retired) House wife Ho	me	West Virgin	ia U	S.A.		
1	13. FATHER'S NAME	1	14. MOTHER'S MAIDEN NAME				
1	Samuel Badger		Mary	Magaha			
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIA	AL SECURITY NO. 17. INFO	RMANT	Address			
	(Yes, no, or unknown) (If yes, give war or dates of service)	Mra	.Mary D. Yeatm	an, Arlingt	on, Va.		
1	18. CAUSE OF DEATH [Enter only one couse per line for	(o), (b), and (c).]	/		INTERVAL BETWEEN		
	PART I. DEATH WAS CAUSED BY:	te Coros	rary Chron	22 60515	ONSET AND DEATH		
	LL 1 0 DUE TO						
1	Conditions, if ony, which) the Art	eriosclero	itic Hear	+ Diseas	e suret		
	gove rise to immediate couse (a), stating the under-			100	7		
	lying couse lost. (c)						
	PART II. OTHER SIGNIFICANT CONDITIONS CONTR	RIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DISEA	SE CONDITION GIVEN IN P	ART 1(a) 19. WAS AUTOPSY PERFORMED?		
1	ICATI				YES NO NO		
	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	HOW INJURY OCCURRED. (I	Enter nature of injury in Part I or Pa	art II of item 18.)			
		factor.	OF INJURY (Home, form, 20f. (C)	ity or town)	(County) (State)		
		Not while of work	y, street, office blag., etc.)				
	21. I certify that (I) (this haspital) attended t	he deceased from Ai	49 1 1960 ta	Aug 16 19	60, that (I) (we) last		
		1	th accurred at 2 2 M, from				
	220. SIGNATURE	View india		THE COURT OF THE CITY	22b. DATE		
	Henry Chare	M.D	ATTENDING MED.	STAFF A	49 18 1960		
	22c/PHYSICIAN'S NAME (Type)		22d. ADDRESS	4			
Н	Henry V. Chase		14 E. Church	St Fred	erick Md		
	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c.	. NAME OF CEMETERY OR C	REMATORY 23d. LOC	ATION (City, town, or count	y) (State)		
	REMOVAL (Specify) Burial 8-19-60	Reformed	7/30	ovwill - 1/	and and		
1		ADDRESS	25a. REC'D BY REGI	STRAR 25b. REGISTRAR'S	SIGNATURE		
1	B. her tell Bruns	wick, Maryla	and DATE AUG 23	160 Culling	S. Huma		

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VS A15 (4) 15M 9/55

09091

Reg. Dist. No.

1.	PLACE OF DEATH o. COUNTY		2. USUAL RESIDENCE (Where deceased li-	ved. If institution: Residence before admissi	on)
	TREDERILR	MARYLAND	o. STATE	b. COUNTY FREDERI	ek
	b. CITY OR TOWN (If outside corporate limits, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate	limits, write RURAL and give nearest town	-
	RUBAL and give nearest town)	18 V/13	II FREDERIC	N	
-	d. NAME OF HOSPITAL (If not in hospital, give street of OR INSTITUTION	oddress)	d. STREET ADDRESS	e. IS RESI	DENCE
	OK INSTITUTION		1122 EAST		FARM?
3.	NAME OF First	Middle	Lost 4. DATE	Month Day Y	'ear
	(Type or print)	1	BER STADE DEATH		960
5.	SEX 6. COLOR OR RACE 7. MARRI	ED NEVER MARRIED	B. DATE OF BIRTH 9.	AGE (In yeofs IF UNDER 1 YEAR IF UNDE	
1	FEMALE WA; TE WIDOWE	D DIVORCED	Gug 25 1897	lost birthdoy) Months Days Hours	Min.
10	a. USUAL OCCUPATION (Give kind of work done 10b. I during most of working life, even if retired)	CIND OF BUSINESS OR INDU	STRY 11 BIRTHPLACE (State or foreign coun	17) 12. CITIZEN OF WHAT	COUNTRY?
	SALES CLERK Y	DEAT. STE	RE ma	USA	
13	FATHER'S NAME	/	14. MOTHER'S MAIDEN NAME		
	CHARLES M. LE	1 LICK	GENIVIEVE	BURCK	
15	. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. S	OCIAL SECURITY NO. 17.	NFORMANT	Address	
L	NO NO 5	56-26-3479	DOROTHY EL	BERSTADT TREU	DEPIC
F	18. CAUSE OF DEATH [Enter only one cause per line	for (a), (b), and (c).]		INTERVAL BET	
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	oneral.	Carcinoma to.	S / S	DEATH
	QOX DUE TO				
	Conditions, if any, which)	arcinom a	of (B) Kide	24	
	gove rise to immediate couse (a), stating the under-	, / -		7	
	lying couse lost.	15) roll	reinoma of 1	3reast	
NO	PART II. OTHER SIGNIFICANT CONDITIONS CO	ONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE C	ONDITION GIVEN IN PART 1(0) 19. WAS A	UTOPSY
CERTIFICATION				PERFOR	
FIE	200. ACCIDENT WAS UNDERLYING A 20b. DESC OR CONTRIBUTING CAUSE OF DEATH	RIBE HOW INJURY OCCURRE	D. (Enter nature of injury in Part 1 or Part II	of item 18.)	
_					
MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. IN		ACE OF INJURY (Home, farm, 20f. (City or ctory, street, office bldg., etc.)	town) (County)	(Stote)
MEC	Hour a. r. While of work	Not while of work	ciory, sireer, office blug., etc.)		
	21. I certify that I attended the decease	d from 4 /1/	19/2D, to 8/8	19 La Cthat I last saw the o	decensed
н	60 (00		accurred at 1 PM, fram t		
	6110	1) 2 1			TE SIGNED
4	SIGNATURE / Warles 1.	Culman 1	M.D. Professions	l Building 8 /9/	0.0
1	PHYSICIAN'S				O -V
L		tnam Jr	M Frederic	ck, Md.	
22	o. BURIAL, CREMATION, 22b. DATE THEREOF	22c. NAME OF CEMETERY O	R CREMATORY 22d. LOCATION	(City, town, or county) (State)
L	BURIAL 8/14/60	15t, J	OHNS FP.	CDERICK M	5
23	FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	240. REC'D BY REGISTRAL	24b. REGISTRAR'S SIGNATURE	
L	Cofarema 6.60	4 Inder	mas 1816 DATE AUG 1 2 '60	arthur S. Krous	
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THE RESIDENCE OF THE PROPERTY			
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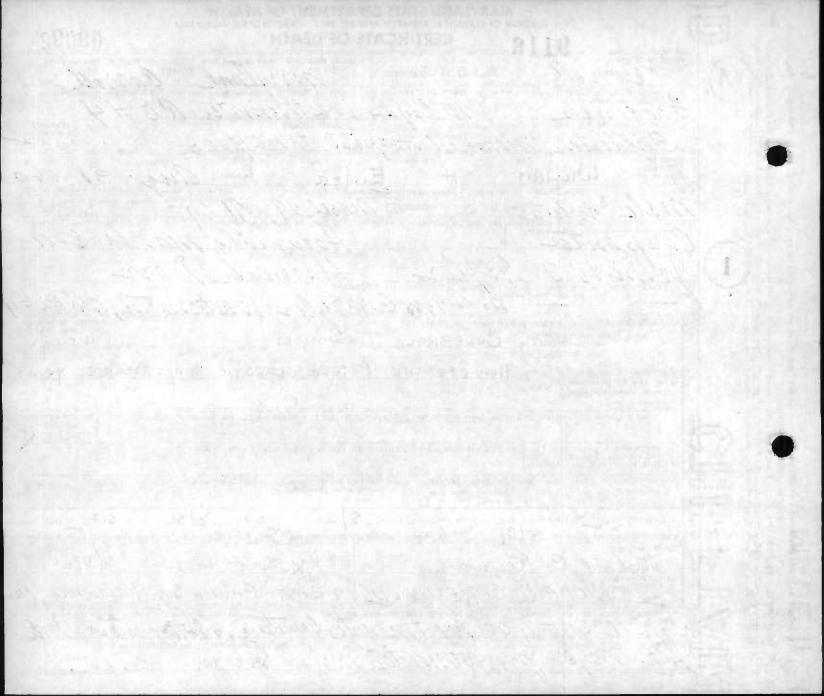
funeral directar,	I and 2 should be filed with			1)
hysician and campletely filled may the tuneral director.	iges I and 2 show	eath.	(6
d campletely	nave carban papers. Pages 1	t, within 72 bours after death.		-	
hysician an	nave carba	1. within 72	1	1	\

a law requires that the death certificate be executed within 24 hours after death. Page 4

41.15	GMIZTII 107	(III OI DIII (III		1101102
1. PLACE OF DEATH O. COUNTY FRI	EDERIC MARYLAND	2. USUAL RESIDENCE (WHO a. STATE	here deceased lived. If institution b. COUNTY	n: Residence before admission)
b. CITY OR-TOWN (If outside corporate limits, write RURAL and give nearest town)	LENGTH OF STAY IN 16	c. CITY OR TOWN (IF	outside corporote limits, write RU	JRAL and give nearest tawn)
d. NAME OF HOSPITAL (If not in hospital, give street od	10 days	d. STREET ADDRESS	malla 10	e. IS RESIDE
OR INSTITUTION	mil Hos	sitel M	esper	ON A FAI
3. NAME OF DECEASED (Type or print) WILLIAM	Middle F	Lost	4. DATE Mont	th Day Yeor 1 - 3/ 19
S. SEX 6. COLOR OR RACE 7. MARRIEI MIDOWED	D NEVER MARRIED	march 19	9. AGE (In years) last birthdoy) yrs.	Months Days Hours
10a. USUAL OCCUPATION (Give kind of work done 10b. KI guring most of working life even if retired)	ND OF BUSINESS OR INDI	JSTRY 11. BIRTHPLACE (State	or fareign country)	12.CITIZEN OF WHAT COU
13. FATHER'S NAME	Mer-	14. MOTHER'S MAIDEN N	NAME STE	277
IS WAS DECEASED EVER IN U. S. ARMED FORCES? 18 SO	OCIAL SECURITY NO. 17.	NE Sulas	Mathum Mathum	eta mel Ra
18. CAUSE OF DEATH [Enter only one couse per line	far (a), (b), ond (c).]	1		INTERVAL BETW ONSET AND DE
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	REBRAL	THROMBOSIS		Il clau
Conditions, if ony, which gave rise to immediate cause (a), stating the underlying cause lost. DUE TO DUE TO (c)	BRTENSIVE	ARTERIOSCE	EROTIC HRART	DISEASE YE
PART II. OTHER SIGNIFICANT CONDITIONS CO	ntributing to death bu	T NOT RELATED TO THE TERM	inal disease condition giv	'EN IN PART 1(a) 19. WAS AUT PERFORMI YES N
	IBE HOW INJURY OCCURR	ED. (Enter nature of injury in	Part I ar Part II of item 18.)	
20c. TIME OF INJURY Manth, Day, Year 20d. INJ Haur a.m. 19 While at wark [Nat while f	LACE OF INJURY (Home, farm actory, street, affice bldg., etc		(County)
21. I certify that (1) (this hospital) attender saw the deceased alive on \$1.31			60to 831	d on the date stated at
22a. SIGNATURE C. Reyn	olds.		STAFF PHYS.	8/31/6 cSI
22c. PHYSICIAN'S NAME (Type) RICHARD C.	REYNOLL	22d. ADDRESS 9 EAST	CHURCH ST.	FREDERICK
230. BURIAL CREMATION, 23b. DATE THEREOF REMOVAL (Specify): Sept 3,60	23c. NAME OF CEMETERY	usles Cemus	23d LOCATION (City, town, o	(State)
24. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS -	250. REC'	DAY REGISTRAR 25b. REGIS	STRAR'S SIGNATURE

may be revained by the haspital ar attend. Thysician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending plage 3 should be detached far use as the burial-transit permit. Then please rem the State Board af Health priar to burial, crematian, ar remaval, and in any event TO HOSPITAL OR ATTENDING PHYSICIAN VR A1S (4) 1SM 9/59



VS A15 (4) 15M 9/5B

MARYLAND	STATE DEPARTMENT	OF HEALTH—BALTIMORE,	18
9135	CEDTIEICATE	OF DEATH	

CERTIFICATE OF DEATH

Reg. Dist. No. 9093

1. PLACE OF DEATH a. COUNTY	Frederic	k	MARYLAND	2. USUAL RESIDENCE	(Where decease yland		ion: Residence		
RURAL and give ne	f outside corporate limit carest town) SWICK	ts, write	c. LENGTH OF STAY IN 16	5c. CITY OR TOWN		orate limits, write	RURAL and giv	re nearest t	lown)
d. NAME OF HOSPIT OR INSTITUTION	AL (If not in hospitol, g			d. STREET ADDRES		ast"D"	9.	0	RESIDENCE N A FARM?
3. NAME OF DECEASED (Type or print)	Fin Tevi	st	Middle Raymond	Froek	4. DATE OF DEATH	, Mo	nth	Day 6	Yeor 1960
5. SEX		7. MARR	IED NEVER MARRIED	8. DATE OF BIRTH 7-8-189)3	9. AGE (In years last birthday) 0 7 yrs	Months D	YEAR IF U	NDER 24 HRS.
during most of work	(ing life, even if retired)		KIND OF BUSINESS OF INDU		Virgi DEN NAME	nia	U.S	S.A.	AT COUNTRY?
15. WAS DECEASEDEVER (Yes. no, or unknown) World L	Abrahs R IN U. S. ARMED FORG (If yes, give wor or dates of se	CES? 16.	SOCIAL SECURITY NO.	INFORMANT Mr.Maurice			dress		
Conditions, if a gave rise to it cause (a), stating lying couse last.	the under-)	contributing to DEATH BU		TERMINAL DISEAS	se condition gi	VEN IN PART 1	10 (a) 19. W	AS AUTOPSY RFORMED?
20c. TIME OF INJUR	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER) Y Month, Doy, Yeo		Not while fo	ED. (Enter nature of injur LACE OF INJURY (Home, octory, street, office bldg	, farm, 20f. (Cit	rt II of item 1B.) ty or town)	(Co	unty)	(State)
21. I certify the alive an AUS ACTUAL SIGNATURE PHYSICIAN'S	gust 6	deceas , 196	ed fram July 6	1959, to h accurred at 1:5	Address (the causes a	nd on the	date sta	
22a. BURIAL, CREMATIO REMOVAL (Specify)	N, 22b. DATE THEREO	,	22c. NAME OF CEMETERY C		22d. LOC/	TION (City, town,	or county) Mary		(Stote)
23. FUNERAL DIRECTOR		,	ADDRESS nswick, Mary	To see al	REC'D BY REGIS		ISTRAR'S SIGN		

. O. C. Caratania de la compania de bearings and the

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

09094

1. PLACE OF DEATH o. COUNTY	Frederick		MARY		USUAL RESIDENCE (Vo. STATE		d lived. If insti b. COUN	JTY ~	nce before	
RURAL and give r	Frederick		c. LENGTH OF STAY		c. CITY OR TOWN (I			d .	give neare	st town)
OR INSTITUTION	TAL (If not in hospital, g ck Memorial				d. STREET ADDRESS			1		IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	Fir		Middle		FRYE	4. DATE OF DEATH		Month ugest	24,	Year 19 6
s. sex Male	6. COLOR OR RACE White	7. MARR	DIVORCE		ate of Birth oril 10,	1910	lost birthdo	y) Months	-	UNDER 24 HRS Hours Min.
Occupation of word of work of	ON (Give kind of work of king life, even if retired)	done 10b.	KIND OF BUSINESS O	R INDUSTRY		ite or foreign c	ountry)		USA	/HAT COUNTRY
S. WAS DECEASED EV	ac Frye ER IN U. S. ARMED FORM (If yes, give war or dates of se	ervice)	SOCIAL SECURITY NO.		Hattie		F	ddearn		Box 92
Conditions, if a gove rise to couse (o), stoting lying couse lost.	the <u>under-</u> DUE TO)	reinom	atore	i , type	und	mous	1	6	AND DEATH
20a. ACCIDENT W	AS UNDERLYING G CAUSE OF DEATH MEDICAL EXAMINER		CRIBE HOW INJURY OF							PERFORMED?
-	RY Month, Day, Yea	While	Not while of work	20e. PLACE foctory	OF INJURY (Home, fa , street, office bldg., e	orm, 20f. (City	or town)	((County)	(Stote
sow the deceo	ot (I) (this hospital sed alive on du				ATTENDING PHYS.	960 , to (the couses	ond on the	60, that e date st	(1) (we) los tated above 22b. DATE 8/25/60
REMOVAL (Specify	Henry V. Ch	F	23c. NAME OF CEME		EMATORY		ch St.,		rick,	Md. (Stote)
Burial 24. FUNERAL DIRECTOR	Aug. 27		ADDRESS derick. Md.		25a. RE	C'D BY REGIST	rar 25b. RE	GISTRAR'S SI Cullun		A

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12		1	MARY GARBER MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
DX:			9118 CERTIFICATE OF DEATH Reg. Dist. No.
director,	(1)		PLACE OF DEATH COUNTY MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before odmission) O. STATE D. COUNTY Far densely
erol be			c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town)
ne fun hould	0.	_	d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE
22 4	70	2	Nonocacy Hall nursing Home 1208 Washington St. YES NO 12
pa l			NAME OF First Middle Lost 4. DATE Month Day Year OF DECEASED OF DE
y fill		5. 5	EX 6. COLOR OR RAGE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
rs. P			F WIDOWED DIVORCED Mar. 19, 1883 177 yrs. Months Days Hours Min.
cample papers.		100	. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
oup out	1	13.	FATHER'S NAME 14. MOTHER'S MAIDEN NAME
5 5 5 E	-		John D. Beard Barbara Ellen Burrier
			WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address In no. or funknown) (If yes, give wor or dates of service)
oding ase r		-	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]
attendi n pleas t within			PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (c) Cancer of market Breast ONSET AND DEATH
the The			DUE TO
ed b			Conditions, if ony, which gave rise to immediate DUE TO
on. on. sign sit pe			coese (o), stoting the under- lying couse lost.
ysici ysici beer l-tran		CATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?
DOCTION OF THE	A		20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.)
fical fical the	U	L CERTIFI	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
I or at use as amatian		MEDICAL	20c. TIME OF INJURY Month, Day, Year Hour o. m. P. m. 19 20d. INJURY OCCURRED While Not while of work of wo
spito ffer the d far			21. I certify that I attended the deceased fram 1-2-, 1955, to 8-9-, 1960 that I last saw the deceased
R: A			alive an 8-9-60, 19, and that death occurred at 10 P. M. from the causes and an the date stated above.
OR ATT			ACTUAL SIGNATURE By Market M.D. 220 N. Market
RAL DI Shauld strar pr	1		PHYSICIAN'S REX R MARTIN FREDERICK Md
FUNE FUNE age 3	0	220	D. BURIAL CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) REMOVAL (Specify) B / 12 / 60 Charlet Actual Act
5 5	01	23.	FUNERAL DIRECTOR'S SIGNATURE ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS AUG 12'60 Cirthan & House
VS A15 (4) 15M 9/55	1	_	J.C. Berlon, Walkersville, Md. DATE

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2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

1. PLACE OF DEATH

			ederick	MARYLAND	Maryland	1100	erick
M)	b	RURAL and give r	(If autside corporate limits, write nearest tawn)		c. CITY OR TOWN (If outside corp	orote limits, write RURAL and	give nearest town)
			ederick	Years	Frederick		
010	C	OR INSTITUTION	TAL (If not in haspital, give stree	t address)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
009			ck Memorial Hos	pital	912 Motter	Ave.	YES NO
death.	1 5	IAME OF DECEASED Type or print)	Carl (otto Gochnat	Lost 4. DATE OF DEATH	August 31,	1960 Year
0	S. S	EX	6. COLOR OR RACE 7. MAR	RRIED SIEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years IF UNDER	R 1 YEAR IF UNDER 24 HR
after		Male	White WIDOV	VED DIVORCED	October 29, 1892	last birthdoy) Months yrs.	Days Hours Min.
F Hours	100.	during mast of wor	ON (Give kind of work done 10brking life, even if retired) Merchant	. KIND OF BUSINESS OR INDUS	Virginia	country) 12.CIT	U.S.A.
1 2	13/ 1	ATHER'S NAME		Partition and the	14. MOTHER'S MAIDEN NAME		
E C	1	Preston	B. Gochnauer		Annie F. Gibs	on	
with.	15.			S. SOCIAL SECURITY NO. 17. IN	IFORMANT	Address	
e e		no, or unknown)	(If yes, give war or dates of service)		rs. Ruth P. Gochna	uer 912 Motte	r Pl. Frede
>		NO CAUSE OF DE	APUL (P.A. A.)				INTERVAL AND L
uo c			ATH [Enter only one cause per ATH WAS CAUSED BY:	room (o), (b), and (c).	The Post	1:0000	ONSET AND DEATH
5		TANT I. DE.	IMMEDIATE CAUSE (a)	our cossission	are man o	liveare	11 40
6		-159	DUE TO	: Th Oa	7.0.10.0	200	1
, lo		Conditions, if		ich congr	mue your	e aux	minel
D L		gove rise to couse (o), stoting		> An 0	//		
5		lying couse last.		zalimia	U		
	CATION	PART II. OT	THER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEA	SE CONDITION GIVEN IN PA	RT 1(a) 19. WAS AUTOPS PERFORMED?
9	¥			Dial HIVA	anven il-Savon	alce)	YES NO
0	10	reru	pheral arti	July Count	000000		
remo	TIFIC	20a, ACCIDENT W	S UNDERLYING [] 20b. DE	SCRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in Port I ar Pa	art II of item 18.)	
al, cremotian,	CERTIFIC	20g. ACCIDENT W OR CONTRIBUTING (IF EITHER, NOTIF)	AS UNDERLYING 20b. DE CAUSE OF DEATH Y MEDICAL EXAMINER)	SCRIBE HOW INJURY OCCURRE	D. (Enter noture of injury in Port I ar Pa	ort II of item IB.)	
urial, cremot	CERTIF	20a. ACCIDENT W OR CONTRIBUTING (IF EITHER, NOTIF) 20c. TIME OF INJU		INJURY OCCURRED 20e. PL	ACE OF INJURY (Home, form, 20f. (Ci		(County) (Stat
a burial, cremot	CERTIF	20c. TIME OF INJU Hour o. m.	RY Month, Doy, Year 20d. Whil	INJURY OCCURRED 20e. PL			(County) (Stat
ar ta burial, cremot	MEDICAL CERTIFIC	20c. TIME OF INJU Hour o. m. p. m.	RY Month, Doy, Year 20d. While of we	INJURY OCCURRED 20e. PL e Not while ork at work	ACE OF INJURY (Home, form, 20f. (Citory, street, office bldg., etc.)	ty or town)	10
priar ta burial, cremot	CERTIF	20c. TIME OF INJU Hour o. m. p. m.	RY Month, Doy, Year 20d. While of we	INJURY OCCURRED 20e. PL e Not while for ork at work at white work at w	ACE OF INJURY (Home, form, 20f, (Citory, street, office bldg., etc.)	ty or town) 196	60, that (I) (we) lo
aith priar ta burial, cremot	CERTIF	20c. TIME OF INJU Hour o. m. p. m. 21. I certify the	RY Month, Doy, Year 20d. 19 Whit of we at (1) (this hospital) after	INJURY OCCURRED 20e. PL e Not while for ork at work at white work at w	ACE OF INJURY (Home, form, 20f. (Citory, street, office bldg., etc.)	ty or town) 196	that (I) (we) lo
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of Health priar ta burial,	CERTIF	20c. TIME OF INJU Hour o. m. p. m. 21. I certify the saw the deced	RY Month, Doy, Year 20d. 19 Whit of we at (1) (this hospital) after	INJURY OCCURRED Not while of work ded the deceased fram	ACE OF INJURY (Home, form, 20f. (Citory, street, office bldg., etc.) 144, .ta. 154, .ta. 164, .ta. 174, .ta. 184, .ta. 184, .ta. 184, .ta. 184, .ta. 184, .ta.	3/ Quy, 19/ n the causes and on th	that (1) (we) late date stated abov
of Health priar ta burial,	CERTIF	20c. TIME OF INJU Hour o. m. p. m. 21. I certify the saw the decect 20c. SIGNATURE 22c. PHYSICIAN'S	at (1) (this hospital) atterased alive on 30	INJURY OCCURRED Not while at work and that a	ACE OF INJURY (Home, form, 20f. (Citory, street, office bldg., etc.) 1944, .ta. leath accurred at P.M., from ATTENDING MED. PHYS. DIRECTOR C	31 Quey 196 the causes and on the	that (I) (we) la te date stated abov 22b, DATE SIGNI
Health priar ta burial,	CERTIF	20c. TIME OF INJU Hour o. m. p. m. 21. I certify the saw the deced	RY Month, Doy, Year 20d. 19 Whit of we at (1) (this hospital) after	INJURY OCCURRED Not while at work and that a	ACE OF INJURY (Home, form, 20f. (Citory, street, office bldg., etc.) 144, .ta. 154, .ta. 164, .ta. 174, .ta. 184, .ta. 184, .ta. 184, .ta. 184, .ta. 184, .ta.	31 Quey 196 the causes and on the	that (1) (we) late date stated abov
ate Board of Health priar ta burial, o	MEDICAL CERTIF	20c. TIME OF INJU Hour o. m. p. m. 21. I certify th saw the decect 20 SIGNATURE 22c. PHYSICIAN'S NAME (Type)	at (1) (this hospital) attered alive on 30. Dr. Charles H.	INJURY OCCURRED Not while at work and that a	ACE OF INJURY (Home, form, tory, street, office bldg., etc.) Mace of injury (Home, form, 20f. (Circle) MED. MED. DIRECTOR DI	31 Quey 196 the causes and on the	that (I) (we) late date stated above 22b.DATE SIGNI
ate Board of Health priar ta burial, o	MEDICAL CERTIF	20c. TIME OF INJU Hour o. m. p. m. 21. I certify the saw the decec 20. SIGNATURE 22c. PHYSICIAN'S NAME (Type) BURIAL, CREMATI REMOVAL (Specify	at (1) (this hospital) atteresed alive on 30. Dr. Charles H. ON. 23b. DATE THEREOF	INJURY OCCURRED Not while of work 20e. Pt. for work 19 and that of the deceased fram 19 19 and that of the deceased fram 23c. NAME OF CEMETERY O	ACE OF INJURY (Home, form, tory, street, office bldg., etc.) MACE OF INJURY (Home, form, 20f. (Circle) ACE OF INJURY (Home, form, 20f. (Circle) Mach of the bldg., etc.) ACE OF INJURY (Home, form, 20f. (Circle) MED. MED. DIRECTOR DIR	3/ Quy, 19/ the causes and on the STAFF PHYS. rket St. Free	that (I) (we) late date stated above 22b.DATE SIGNI clerick, Md.
of Health priar ta burial,	MEDICAL CERTIF	20c. TIME OF INJU Hour o. m. p. m. 21. I certify th saw the decect 20 SIGNATURE 22c. PHYSICIAN'S NAME (Type)	at (1) (this hospital) atteresed alive on 30. Dr. Charles H. ON, 23b. DATE THEREOF	INJURY OCCURRED Not while brick at work at wo	ACE OF INJURY (Home, form, tory, street, office bldg., etc.) ACE OF INJURY (Home, form, 20f. (Circle) ACE OF INJURY (Home, 20f. (C	ty or town) 3/ Quy . 19/ n the causes and on the STAFF PHYS. rket St. Free ATION (City, town, or county) derick, Maryla	that (I) (we) late date stated above 22b.DATE SIGNI derick, Md. (Stote)
ate Board of Health priar ta burial, o	MEDICAL CERTIF	20c. TIME OF INJU Hour o. m. p. m. 21. I certify the saw the decece 20. SIGNATURE 22c. PHYSICIAN'S NAME (Type) BURIAL, CREMATI REMOVAL (Specify BURIAL)	at (1) (this hospital) atteresed alive on 30. Dr. Charles H. ON, 23b. DATE THEREOF	INJURY OCCURRED Not while of work 20e. Pt. Indeed the deceased fram	ACE OF INJURY (Home, form, tory, street, office bldg., etc.) ACE OF INJURY (Home, form, 20f. (Circle) ACE OF INJURY (Home, 20f. (C	ty or town) 3/ Quy, 19/ the causes and on the STAFF PHYS. rket St. Free ATION (City, town, or county) derick, Maryla	that (I) (we) late date stated above 22b.DATE SIGNI derick, Md. (Stote)

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April 1	Coloredors Contractor	nt. Oller de resemble, In	

FOR STATE HEALTH DEPT.

eral director. Page if for your files. TO DEPUTY MEDICAL EXAMINER: This certificate shauld be executed within 24 hours after death. If ony delay execute the certificate, writing the word adding* in pencil in Item. 18. Give Poges 1, 2, and 3 to the functional deformance of the form PMS. Page 5 may be released to the Chief Mes. Examiner's Office along with farm PMS. Page 5 may be released to Funeral DIRECTOR: Page 3 should be used as a buriol-transit permit. File pages 1 and 2 with the Stars are its designated agent, prior to burial, cremation, ar removal, and in any event within 72 hours after death

N

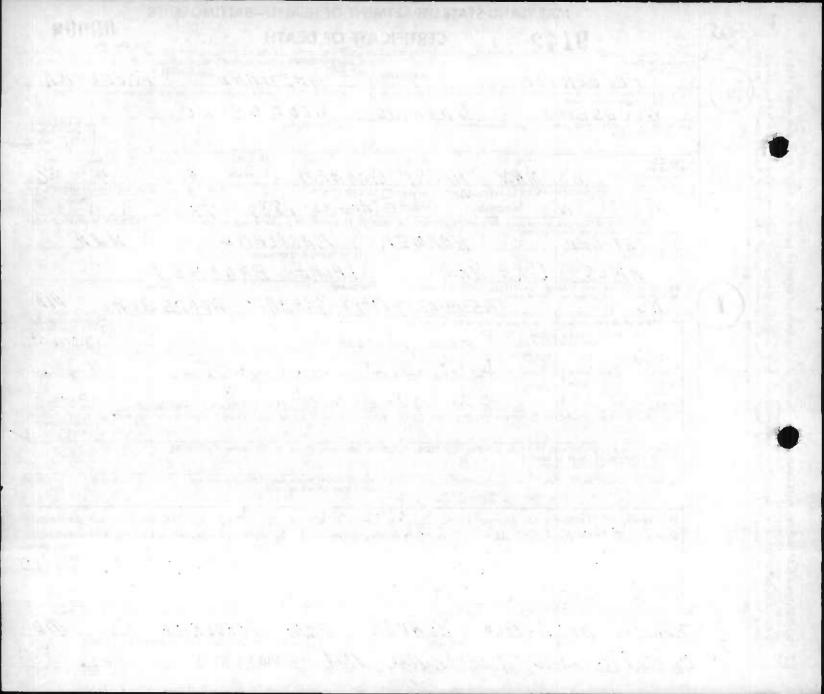
VS. A15ME 5M 2/57

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 9141

19197 Reg. Dist. No.

1. PLACE OF DEATH O. COUNTY Fraderick MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE O. STATE O. STATE O. STATE
b. CITY OR TOWN (It outside corporate limits, write RURAL ord give nearest lown) The many state Ride	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREPPADDRESS ON A FARM? YES 1 NO 1
3. NAME OF DECEASED (Type or print) First Middle	Joseph Jeath Cine 1960
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 6. WIDOWED DIVORCED 7.	DATE OF SIRTH 9. AGE (In Jos IFUNDER IYEAR IF UNDER 24 HRS.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	11. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY? 12. S. D.
13. FATHER'S NAME Colton Gouge	14. MOTHER'S MAIDEN NAME
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. IN (If yes, give war or dates of service)	rolane Songe, mil arry Por
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate cause (o), stating the underlying Couse lost. PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?
	YES NO NO Notes noture of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 40e. PLAC focto of work of of work of the property of the property of work of the property of the pr	CE OF INJURY (Home, farm, 120f. (City or town) (County) (State) rry, street, office bldg., etc.)
21. I certify that I tack charge of the remains described above opinion death resulted from: Natural causes Accident [ACTUAL SIGNATURE	
EXAMINER'S P.O. Thornas	ASSISTANT MEDICAL EXAMINER DEPUTY DEPUTY MEDICAL EXAMI
220. BURIAL CREMATION, 22b. DATE THEREOF BURIAL Specify) Aug 15,1960 Burleson Ce	
23. FUNERAL DIRECTOR'S SIGNATURE C. M. Waltz, Winfield, Maryland	240. REC'D.BY, REGISTRAR 24b. REGISTRAR'S SIGNATURE

THE REPORT ELECTRONIC PARTICULAR STREET THE RESIDENCE OF THE PERSONS THE ROLL HE STORY OF THE STORY Carlotte Arrive to the trataged sentime for 1.31 and DESTRUCTION OF THE LOTTER OF T



0199 CERTIFICATE OF DEATH

09099

	0.11				Reg. Dist. No.
1. PLACE OF DEATH COUNTY	rederick	MARYLAND	o. STATE	there deceased fived. If institution b. COUNTY	ion: Residence before admission) Frederick
b. CITY OR TOWN (RURAL ond give n Frederick		c. LENGTH OF STAY IN 16		outside corporote limits, write	
d. NAME OF HOSPI OR INSTITUTION Frederick	TAL (If not in hospitof, give s Memorial Hos	pital	d. STREET ADDRESS Rosem		e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	First GARLAND	Middle EUGENE	CRAMS	4. DATE Mo OF DEATH AUE	rust 6, Yeor
s. sex		MARRIED NEVER MARRIED DOWED DIVORCED	8. DATE OF BIRTH March 1, 191	9. AGE (In years lost birthdoy) 49 yrs	Months Days Hours Min.
Owner	ON (Give kind of work done king life, even if retired)	10b. KIND OF BUSINESS SAMP Auto Sales and	Maryla	10.4	12. CITIZEN OF WHAT COUNTRY
13. FATHER'S NAME			14. MOTHER'S MAIDEN		
Roy	E. Grams		Carrie	Hutt	
1S. WAS DECEASED EVE (Yes, no. or unknown) NO	ER IN U. S. ARMED FORCES? (If yes, give wor or dates of service)		Informant Irs. Constance	M. Grams-Same	e as Item #2
Conditions, if a gove rise to i couse (o), stoling lying couse fost.	the under-	anternales	the Hear	A Deserge	Sugra VEN IN PART 1(a) 19. WAS AUTOPSY
20g. ACCIDENT W	AS UNDERLYING 20b.	DESCRIBE HOW INJURY OCCUR			PERFORMED? YES NO
20c. TIME OF INJUR Hour o. m. p. m.	v V	Od. INJURY OCCURRED 20e. If the control of the cont	PLACE OF INJURY (Home, far. foctory, street, office bldg., et	m, 201. (City or town)	(County) (State)
ACTUAL SIGNATURE	enry V. Chase,	Chase	M.D. East Chur	AM, from the causes ADDRESS (Street, city or town, ch Street	O., that I last saw the decease and an the date stated above, store) DATE SIGNE 8/8/60
220. BURIAL, CREMATIC REMOVAL (Specify)	ON, 22b. DATE THEREOF	22c. NAME OF CEMETERY		22d. LOCATION (City, fown, Frederick,	or county) (State) Maryland
23. FUNERAL DIRECTOR M. R. Etch		rederick, Maryl	and DATE	O BY REGISTRAR 246. REG	ISTRAR'S SIGNATURE

may be retained by the hospital or attending hysician.

O FUNERAL DIRECTOR: After this certificate was been signed by the ottending physician and completely filled by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death. moy be retoined by the hospitol or ottendi VS A15 (4) 1SM 9/55

low requires that the death certificate be executed within 24 hours after death. Page 4

TO HOSPITAL OR ATTENDING PHYSICIAN:

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MARYLAND STATE DEPARTMENT OF HEALTH SEALTHANDES TO

FOR STATE HEALTH DEPT

is necessary, please director. Page for your files.

I tems 18821 FilmaryLand STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 9138 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

09100

			treding
Reg.	Dist.	No.	

_	0200					Reg. Dist. N	lo.
1,	PLACE OF DEATH O. COUNTY		2. USUAL RESIDENCE (Where deceased live	d. If institution	n: Residence b	perfore admission)
	Frederick	MARYLAND	o. STATE Mary	land	b. COUNTY	Fred	erick
	 CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (II	f autside carporate	limits, write RI	URAL and give	neoresi town)
	Brunswick	Life	Brunsw	ick	3	5	
	d. NAME OF HOSPITAL OR INSTITUTION (If not in hos	pital, give street address}	d. STREET ADDRESS			3	e IS RESIDEN
			I2 N.Vir	ginia A	ve.		YES NO
3,	NAME OF First DECEASED	Middle	Lost	4. DATE OF	Month	Do	y Yeor
	(Type or print) Mary	Louise	Grams	Or of a state	August	16	1960
5.	SEX 6. COLOR OR RACE 7. MARRIE	D NEVER MARRIED 8.	DATE OF BIRTH		E (In years	FUNDER TYEA	R IF UNDER 24 H
	Female White WIDOWEL	DIVORCED AT	ugust 8, I	907 5	3 yrs.	Months Days	Haurs Min.
10	a. USUAL OCCUPATION (Give kind of work dane 10b. K during most of working life, even if retired)	IND OF BUSINESS OR INDUSTR	RY 11. BIRTHPLACE (State	or foreign country		12. CITIZEN	OF WHAT COUN
	Cafatera at school		Frederic	k County	7	U.S	. A.
13	FATHER'S NAME		14. MOTHER'S MAIDEN	NAME			
	Russell Frith		Anna Rus	sell			
	. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. 18. no. or unknown) (II yes, give wor or dates of service)	SOCIAL SECURITY NO. 17, IN	FORMANT		Address		
	No	Re	obert Gram	s, Bruns	swick.	Md.	
	18. CAUSE OF DEATH [Enter only one cause per line	for (a), (b), and (c). }				INT	ERVAL HETWEIN
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	verdosage of	Barbiturate	9		ON	ISET AND DEATH
	970.2 DUE TO						
	Conditions, if ony, which) (b)	Acute pulmonar	y Edema				
	gave rise to immediate cause						
	(a), stating the underlying DUE IO (c)						
Z	PART II. OTHER SIGNIFICANT CONDITIONS CO	INTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERM	INAL DISEASE CON	DITION GIVEN	IN PART 1(a)	19. WAS AUTOPS
ATE							PERFORMED?
CERTIFICATION	20g. EXTERNAL CAUSE WAS 20b. DESCRIBE	HOW INJURY OCCURRED. (Er	nter nature of injury in Por	I I or Part fl af iten	18.)		
CER	PRIMARY or CONTRIBUTING CAUSE OF DEATH.						
3	20c. TIME OF INJURY Month, Day, Year 20d. I		E OF INJURY (Home, form		m)	(County)	(State
MEDICAL	Hour a, m. White at wa	Not while tocto	ry, street, office bldg., etc.)			
	21. I certify that I took charge of the r		re, held on Autons	v D. Inspec	tion 😼	Inquiry Tx	, and in n
N	opinion death resulted from: Natural of	_	- 24m	200	-	nined monn	
		J. Medidam L		, controller	Onderen	miled month	let [L]
	ACTUAL		CHIEF MEDICAL EX	AMINER [7]			DATE SIGNED
	SIGNATURE		ASSISTANT MEDICA				
	EXAMINER'S B.O. Thomas, M	.D.	DEPUTY MEDICAL	EXAMINER IN	Augus	t 17,1	960
22		22c. NAME OF CEMETERY OR C		22d. LOCATION ((Sloie)
	REMOVAL (Specify) urial 8-18-1960						(31010)
190	FUNERAL DIRECTOR'S SIGNATURE	ADDRESS ADDRESS	240. REC'	D BY REGISTRAR	24b. REGISTI	AL STORY	land
	Blu forto Bruns	wick, Marylan	d AUC	2 3 '60		1 8. Krau	4
1	JIM JULI		DAIL				2

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is execute the certificate, writing the word "fing" in pencil in Item 18. Give Pages 1, 2, and 3 to the fund 4 should be forwarded to the Chief Media. Examiner's Office along with form PM3. Page 5 may be retained. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State or its designated agent, prior to burial, crematian, or removal, and in any event within 72 hours after death. VS. AISME 5M 2/57

MARYERS MATEORICAN MARKET OF HEATH HASHMORE IN THE TOTAL long-laying 500 DENNE BERLEVER TO FE Ed to 1081 . A long of the company of the state of the contract of the contrac . No. 7 - Yamor moiganowe the to be the same of the same ban in sell a nilan una comi

death.

and in any event within 72 houge after

the registrar priar to burial, crematian, or removal,

VS A15 (4) 15M 9/58

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 9137

CERTIFICATE OF DEATH

09101

								Keg. Dis	it. No.		
1. PLACE OF DEATH a. COUNTY	rederick		MARYLAN			(Where decease ryland	ed lived. If instituti b. COUNTY		der		
b. CITY OR TOWN (II RURAL and give ne Brunswi		ts, write	c. LENGTH OF STAY IN	1b	Brunsv		orote limits, write R	URAL and g	give near	rest towr	1)
d. NAME OF HOSPIT. OR INSTITUTION	AL (If not in hospital, g	2007	address)	1	d. STREET ADDRES		ek Stree	a+	•		FARM?
3. NAME OF	Fir		Middle	11 -	Last	4. DATE	Mor		Day		Year
(Type or print)	Lilli	.0	Anna		Hall	OF DEATH	8		16		19 60
5. SEX Female	White	7. MARE	RIED NEVER MARRIED DIVORCED	_	ATE OF BIRTH -20-1878	8	9. AGE (In years last birthday) 82 yrs.	Months Months	Days	Hours	Min.
10a. USUAL OCCUPATIO during most of wark	ing life, even if retired	dane 10b.	KIND OF BUSINESS OR II	NDUSTRY	11. 8IRTHPLACE (S	and the			ZEN OF	WHATC	OUNTRY?
13. FATHER'S NAME			110240	14	. MOTHER'S MAID				10 000		
	Howard	For				Kat	ie D.Swo	WA THE	-		
15. WAS DECEASED EVER				INFO	MANT	Mar O.	Add			.17.0	
(Yes, no, or unknown) No	If yes, give war or dates of s	ervice)		Mrs	.Margie	V.Fos	ter.Bru	ngwie	k.M	d.	
	TH [Enter anly one ca TH WAS CAUSED 8Y: IMMEDIATE CAUSE (a	Dist	ne for (o), (b), ond (c).] Imonary Ede	ema							DEATH
Conditions, if any, which gove rise to immediate DUE TO Conditions, if any, which gove rise to immediate DUE TO						yrs	•				
Couse (a), stating (lying couse last. PART II. OTH 20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY) (c		CONTRIBUTING TO DEATH	L 8UT NOI	RELATED TO THE TO	ERMINAL DISEA	SE CONDITION GIV	VEN IN PART	T 1(a) 19	PERFO	RMED?
	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRISE HOW INJURY OCCU	URRED. (E	nter nature of injury	y in Port I or Pa	rt II of item 18.)				
20c. TIME OF INJURY Hour o. m. p. m.	Y Month, Doy, Ye	20d. II While at wor	Not while	e. PLACE factory,	OF INJURY (Home, street, office bldg.,	form, 20f. (Cit	y or town)	(0	County)		(Stote)
21. I certify th	at I attended the	deceas	ed from May 25)	. 19.58 . ta	Aug	16 6019	that I la	st saw	the d	eceased
alive an Alld	. 16	, 19_6	4	eath ac		05 Mmfram	the causes ar	nd an the	date	stated	d abave.
ACTUAL SIGNATURE	24	1		M.D.	15 So. 1		nd Ave.			8-	17-6
PHYSICIAN'S C .	T. B. ror	Kac	, M.D.	2	Brunswi	ck, Md	•		~~~~~		
22a. BURIAL, CREMATIO REMOVAL (Specify)	8-19-60		22c. NAME OF CEMETER	RY OR CR	EMATORY	22d. 10C/	TION (City, town,		363	(Stat	le)
23. FUNERAL DIRECTOR			ADDRESS unswick, Man	elve	2	REC'D BY REGIS	TRAR 24b. REGI	STRAR'S SI	CHATUR	E	8 64
10. nu 7.	all a			. 7 14	DATA	UG 2 3 '60	0.0	wy S. A	4-114		
								45. /	VINNA		

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CERTIFICATE OF DEATH

PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY b. COUNTY MARYLAND b. CITY OR TOWN (If autside carporate limits, write c. LENGTH OF STAY IN 1b . CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give neorest town) REDETICK d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? OR INSTITUTION YES NO 4. DATE NAME OF Middle Lost Month Day Yeor OF DEATH DECEASED 19 Cel (Type or print) 9. AGE (In/years IF UNDER 1 YEAR IF UNDER 24 HRS S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH lost birthday) Months WIDOWED [DIVORCED yrs. 100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY W. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Infant FATHER'S NAME 14. MOTHER'S MAIDEN NAME 17 INFORMANT Address WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO None 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o DUE TO Conditions, if ony, which gove rise to immediate DUE TO couse (o), stoting the underlying cause lost PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? YES NO 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part 1 or Port II of item 18.) 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 120f. (City or town) (County) (Stote) foctory, street, office bldg., etc.) Hour o, m While Not while of work of work 19.60, that (1) (we) last 21. I certify that (1) (this hospital) attended the deceased from. . QQ, and that death accurred at . M. from the causes and an the date stated above saw the deceased alive an. 22o. SIGNATI SIGNED ATTENDING STAFF PHYS. PHYS. DIRECTOR _ M.D 22c. PHYSICIAN 22d. ADDRESS NAME (TIP BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county) (Stote) REMOVAL (Specify) Mount Olivet Cemetery 25b, REGISTRAR'S SIGNATURE-25g. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR'S SIGNATURE DATE AUG 2 3 '60 Cathur S. Krack Etchison & Son, Frederick, Maryland

Pages tely Ö ofter papers a hours puo 0 COL physici emave ರಾ eose attendin a (II) þ permit. gned S burial-transit 50 peen cremotian, hos certificate the attend SD this After nay be retained by FUNERAL DIRECTOR: page 3 shauld be detacted.

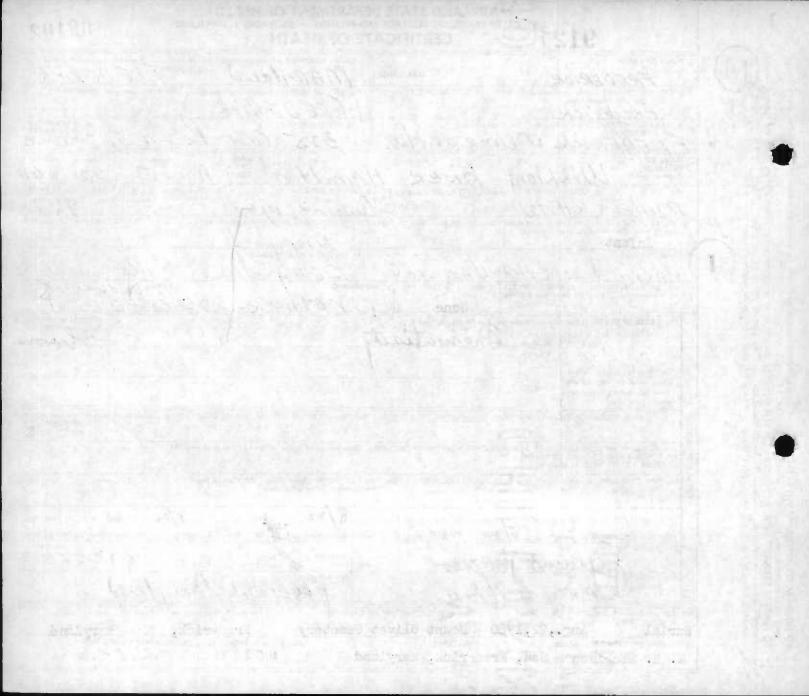
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1SM 9/59

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	9126	CERTIFICA	IE OF DEATE			Reg. Di	st. No.	
1. PLACE OF DEATH o. COUNTY	rederick	MARYLAND	2. USUAL RESIDENCE (WHO a. STATE MAI	ere deceased live	d. If institution b. COUNTY		ce before oc ederi	
b. CITY OR TOWN (IF RURAL ond give ne Frederic		c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF o		limits, write RI	JRAL ond	give nearest	tawn)
	AL (If not in hospital, give stre	et oddress) Hospital	d. STREET ADDRESS	Rural			0	RESIDENCE ON A FARM?
3. NAME OF DECEASED (Type ar print)	Annie First	Maria Hi	Lost	4. DATE OF DEATH	Mon Augu		Day 22	Year 19 6(
Fema le		ARRIED NEVER MARRIED B.	Oct - 25-188	ic	GE (In years 1st birthdoy) 6 yrs.	Months		JNDER 24 HI Durs Min
Domestic	ing life, even if retired)	Db. KIND OF BUSINESS OR INDUSTR	Frederic	k Co.			ZEN OF WH	IAT COUNTR
3. FATHER'S NAME Patrick			Charity					
	IN U. S. ARMED FORCES?		ormant rthur Hick	cs-31 S	Addr Beni		t. Fr	ed. 1
Canditions, if an gove rise to in couse (a), stating t lying cause last. PART II. OTH	he under-	Arabetis me arterosele IS CONTRIBUTING TO DEATH BUT NO	7	It de	esse		PE	VAS AUTOPS ERFORMED?
(IF EITHER, NOTIFY	S UNDERLYING [] 20b. D CAUSE OF DEATH MEDICAL EXAMINER)	ESCRIBE HOW INJURY OCCURRED.	(Enter noture of injury in (Part I or Part II a	f item 1B.)			Light the Li
20c. TIME OF INJURY Havr a. m. p. m.	Wh	Empha	E OF INJURY IHome, form ry, street, office bldg., etc.	20f. (City or t	own)	(0	County)	(Sta
21. I certify the alive on		ased from The 60, and that death a m.	ccurred at	M, from the ADDRESS (Street,	causes an	d an the	e date sto	
	ex Martin		220 Market	St. F	reder:	ick l		
Burial (Specify) Burial	Aug. 25-60	22c. NAME OF CEMETERY OR C		22d. LOCATION	(City, town, o	CO.	Md.	(State)
3. FUNERAL DIRECTOR'S		ADDRESS rederick. Md.		UG 2 9 60			GNATURE . Krava	

the attending physician and campletely filled havey the funeral director. Then please remave carban papers. Pages 1 and 2 should be filed with may be retained by the haspital or attendit hysician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled page 3 should be detached for use as the burial-transit permit. Then please remave carban papers. Pages 1 the registrar priar to burial, cremation, ar remaval, and in any event within 72 hours after death.

law requires that the death certificate be executed within 24 hours after death. Page 4

TO HOSPITAL OR ATTENDING PHYSICIAN; VS A15 (4) 1SM 9/SB

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law requires that the death certificate be executed within 24 sisten.

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1	FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely fi	ooge 3 should be detached for use as the burial-transit permit. Then please remave carbon popers. Page	he State Board of Health priar to burial, crematian, or remaval, and in any event, within 72 hours after dea	
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1, PLACE OF DEATH 2, USUAL RESIDENCE (Where deceased lived. If institution: Residence	
o. COUNTY Frederick MARYLAND 6. COUNTY Frede	erick
b. CITY OR TOWN (If outside corporate limits, write RURAL and g RURAL and give peorest town) Trederick C. LENGTH OF STAY IN 1b C. CITY OR TOWN (If outside corporate limits, write RURAL and g Frederick	ive nearest town)
d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION D.O.A. Frederick Memorial Hospital 100 East Church Street	e. IS RESIDENCE ON A FARM YES NO
3. NAME OF DECEASED (Type or print) HYRTLE NELLIE HIMES (A. DATE OF DEATH August	30, Year 60
AL COLON ON WHICE IN MAKKIED I IN THE OF SHALL	1 YEAR IF UNDER 24 HRS Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Nurse 10b. KIND OF BUSINESS OR INDUSTRY Hespital 11. BIRTHPLACE (State or foreign country) Maryland	TEN OF WHAT COUNTRY?
13. FATHER'S NAME Charles W. Himes 14. MOTHER'S MAIDEN NAME Georgia Stone	
1S. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no. or unknown) No (If yes, give wor or dates of service) None 16. SOCIAL SECURITY NO. None 17. INFORMANT Mr. Harry F. Himes, Frederick R.D,#1	,Maryland
18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), ond (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate couse (a), storing the under- DUE TO DUE TO DUE TO DUE TO	INTERVAL BETWEEN ONSET AND DEATH BUSTIEWS
Iying couse lost. (c)	T 1(o) 19. WAS AUTOPSY PERFORMED? YES NO
	County) (State
21. I certify that (1) (this haspital) attended the deceased fram from 1952 to from the causes and an the saw the deceased alive an from 20 1960, and that death accurred alo:30 from the causes and an the 220. SIGNATURE 220. PHYSICIAN'S NAME (Type) Thomas E. Stene, M. D. 221. I certify that (1) (this haspital) attended the deceased fram from 1952 to from the causes and an the 220. SIGNATURE M.D. ATTENDING MED. STAFF PHYS. 222. PHYSICIAN'S NAME (Type) Thomas E. Stene, M. D. West Third Street, Frederick	22b. DATE SIGNED
23a. BURIAL, CREMATION, PEROVAL ISpecify) Burial 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county) Emolyal Ispecify 23d. LOCATION (City, town, or county) Emolyal Ispecify 23d. LOCATION (City, town, or county)	(Stote) Maryland
24. FUNERAL DIRECTOR'S SIGNATURE ADDRESS M. R. Etchison & Son, Frederick, Maryland 250. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE DATE SEP 2 '60 Circles & September 256.	10

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

9124 CERTIFICATE OF DEATH

09105

	1. PLACE OF DEATH a. COUNTY Frederick MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE Maryland b. COUNTY Carroll
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give acarest town) FIGURE CR. (In 1b	c. CITY OR TOWN (If outside carporote limits, write RURAL and give nearest town) Rural Sykesville
7	d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION Frederick Memorial Hospital	d. STREET ADDRESS Liberty Road R. D. # 2 on a FARM? YES NO NO
		JENKINS 4. DATE Month Day Year 1960
	S. SEX Male 6. COLOR OR RACE 7. MARRIED NEVER MARRIED White Widowed Divorced	8. DATE OF BIRTH October 28, 1870 9. AGE (In years last bighday) 8. AGE (In years last bighday) 8. Months Days Haurs Min.
	10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) School teacher Education	11. BIRTHPLACE (State or foreign country) Maryland 12. CITIZEN OF WHAT COUNTRY? U. S. A.
	Nicholas H. Jenkins	14. MOTHER'S MAIDEN NAME Anna R. Hildabiddle
	(Yes an armshamm) (III and III	s. Mamie Condon, R.D.2, Sykesville, Md
	gove rise to immediate cause (a), stating the <u>under-lying cause lost.</u>	INTERVAL BETWEEN ONSET AND DEATH RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
	20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	D. (Enter nature of injury in Port I ar Part II af item 18.) ACE OF INJURY (Hame, farm, 20f. (City ar tawn) (Caunty) (Slate)
		ctary, street, affice bldg., etc.)
1	220. SIGNOTURE Lichard C. Paynolds, 22c. PHYSICIAN'S	death occurred of 20M, from the causes and on the dote stoted obove. M.D. ATTENDING MED. DIRECTOR STAFF PHYS. August 17, 1900 D. 9 E. Church St., Frederick, Md.
	230. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY CALL STREET, Aug. 21,1960 Ebenezer	Cemetery Carroll Co., Maryland
1	24. FUNERAL DIRECTOR'S SIGNATURE ADDRESS C. M. Waltz, Winfield, Maryla	nd 250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE DATE AUG 2 2 '60 Carthur S. Hama

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TO HOSPITAL OR ATTENDING PHYSICIAN:

may be retained by the haspital ar attendin.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending phys page 3 shauld be detached far use as the burial-transit permit. Then please remay the registrar priar ta burial, cremation, ar remayal, and in any event within 72 haur aw requires that the d

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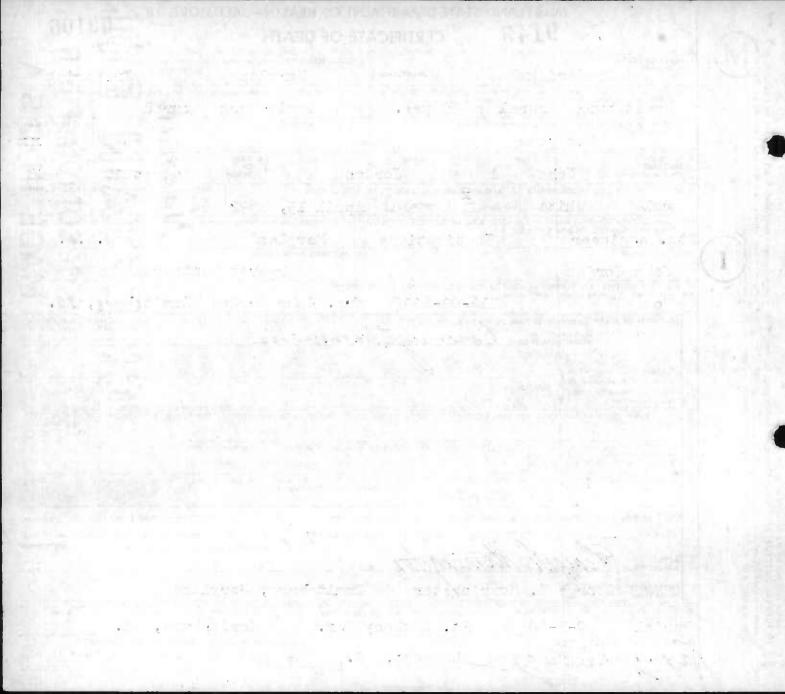
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ificate	fending physician and campletely filled in by the funeral director, slease remave carbon papers. Pages 1 and 2 should be filed with
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leath	endi

MARYLAND	STATE DEPARTMENT OF	HEALTH-BALTIMORE,	18
9143	CERTIFICATE OF	DEATH	

09106

Reg. Dist. No.

1. PLACE OF DEATH a. COUNTY	rederick		MAR	YLAND	2. USUAL RESII		here deceased liv	ed. If instituti	_			
b. CITY OR TOWN (I RURAL and give no Emmits b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Emmitsburg rural											
	Own Home	ive street	dodress)		d. STREET A				J-0 384			FARM?
3. NAME OF DECEASED (Type or print)	John	st A	Middle	Jor	dan Los	t	4. DATE OF DEATH	Augi		30	,	Year 1960
5. SEX male	6. COLOR OR RACE White	7. MARR			B. DATE OF BIRTI		1892	AGE (In years last birthday) yrs.	Months	R 1 YEAR Doys	Hours	ER 24 HRS.
10a. USUAL OCCUPATION during most of work Sta engilement of the en	king life, even if retired)	KIND OF BUSINESS O		20	ryla MAIDEN I	nd -				WHAT C	OUNTRY
15. WAS DECEASED EVE		CES2 14	SOCIAL SECURITY NO	2 1	NFORMANT	Marg	arec m	Add				
(Yes, no, or unknown)	(If yes, give war or dates of s	ervice}	16-03-63	35		ohn	Jordan		itsb	urg.	. Md	
200. ACCIDENT WA	mmediate the under Con HER SIGNIFICANT CON) DITIONS (CONTRIBUTING TO DE						/EN IN PA	RT 1(a) 1	PERFO	AUTOPSY PRMED?
-	MEDICAL EXAMINER) RY Month, Doy, Yes	While	NJURY OCCURRED Not while k ot work	20e. PL	ACE OF INJURY (ctory, street, affice	Home, form bldg., etc	20f. (City or	town)		(County)		(Stote)
ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	Locyth,	Morr			accurred of,		M, fram the	t, city or town,	d an th		stated	
Burial, CREMATIC REMOVAL (Specify)		F	St. Ant				22d. LOCATION Emmit	sburg	,		(Stot	e)
23 PONERAL DIRECTOR	La Cua	gn	ADDRESS Thurmor	nt,	Md.	-	D BY REGISTRAL		STRAR'S S			



FOR STATE HEALTH DEPT.

y is necessary, please director. Page for your files. TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is execute the certificate, writing the word in the four in pencil in Item, 18. Give Pages 1, 2, and 3 to the four 4 should be forwarded to the Chief Medical craminer's Office and with four PM3. Page 5 may be retained to the FUNERAL DIRECTOR: Page 3 should be used as a burid-transit permit. File pages 1 and 2 with the State or its designated agent, priar to burial, cremation, ar remayol, and in any event within 72 hours after death. TO DEPUTY MEDICAL EXAMINER: This certifi

5M 2/57

VS. AISME

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 9144 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

19107 Reg. Dist. No.

		COUNTY O. STATE MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE Maryland b. COUNTY b. COUNTY
	2	CITY OR TOWN III outside corporate limits, write RURAL ond give necrest town) ond give necrest topn) CITY OR TOWN (If outside corporate limits, write RURAL and give necrest town) One of the corporate limits, write RURAL and give necrest town) One of the corporate limits, write RURAL and give necrest town)
	d	. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) a. STREET ADDRESS b. IS RESIDENCE ON A FARM? YES \(\sum \) NO \(\sum \)
	0	NAME OF DECEASED Type or print) And DATE Month Doy Year OF DEATH Ginguet 26 1960
	5. S	EX 6. COOR OR RACE 7. MARRIED NEVER MARRIED DATE OF WITH WIDOWED DIVORCED DIVORCED VIS. WIDOWED DIVORCED DIVORCED VIS. WIDOWED DIVORCED DI
1		USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) Property 12. CITIZEN OF WHAT COUNTRY? RELIEF STATE OF WHAT COUNTRY?
1	13.	John 7. Lang Emast Longe
	15. (Yes,	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 10. Sylveknown) 11 yes, give wor or dates of service) 219-117-9262 Johnson 7-9262 Johnson 219-117-9262 Johnson 21
		18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO DUE TO
		Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost. (b) DUE TO (c)
	CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO. 11
	- 1	200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
	MEDICAL	20c. TIME OF INJURY Month, Day, Year Hour a, m. p. m. 19 20d. INJURY OCCURRED While Not while of work
		21. I certify that I taok charge of the remains described above, held an Autopsy [], Inspection [2], Inquiry [7], and in my
		apinian death resulted fram: Notural causes 🔀, Accident 🔲, Suicide 🔲, Homicide 🔲, Undetermined monner 🔲
	8	SIGNATURE POLITICAL EXAMINER DATE SIGNED
		EXAMINER'S PS. D. Thomas, m. DEPUTY MEDICAL EXAMINER DANGE ASSISTANT MEDICAL EXAMINER DANGE ASSISTA
	220	BURIAL CREMATION. 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stole)
	23.	ADDRESS ADDRESS 240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE DATAILE 3 0 60 Cithur S. Known

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FOR STATE HEALTH DEPT.

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please

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the	D.	KA	ar its designated agent, prior to burial, cremation, ar removal, and in any event within 72 haurs after death.
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VS. A15ME 5M 2/57

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 9145

09108

	A. Fel							keg. Dist. 14	0.	
1. PLACE OF DEATH o. COUNTY Fre	ederick		MAI	RYLAND	2. USUAL RESIDENCE (V		b. COUNTY			
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest lown) Ijamsville-Rural RD#1 1 Yr 7 Mons.										
d. NAME OF HOSPIT	TAL OR INSTITUTION (II	fnot in hos	pital, give street addr	'ess}	d. STREET ADDRESS Near	Urbana			e. IS RESIDENCE ON A FARM? YES NO	
3. NAME OF First Middle DECEASED (Type or print) ROBERT FRANCIS					MAIN	4. DATE OF DEATH	Month Aug	ust 2,	1-	
s. sex Male	6. COLOR OR RACE White	7. MARRIE			DATE OF BIRTH 29 Dec 1958	9. AG	intholous Complete	UNDER TYEAR	R IF UNDER 24 HRS. Hours Min.	
10o. USUAL OCCUPATION during most of working Infant	ng life, even if retired)	lone 10b. K	IND OF BUSINESS O	R INDUSTR	Y 11. BIRTHPLACE (Stote	or foreign country)	ınd	12. CITIZEN C	OF WHAT COUNTRY	
13. FATHER'S NAME					14. MOTHER'S MAIDEN	NAME				
Francis V	W. Main				Nannie I.	Thompson	1			
15. WAS DECEASED EV	/ER IN U. S. ARMED FOR (If yes, give war or dates of s		None		formant ancis W. Maj	in (Same a	Address is item	#1)		
Conditions, if a gave rise to imme (a), storing the cause last.	underlying DUE TO		Broken Ne		NY DELATED TO VIJE VEDA				ET AND DEATH	
3					OT RELATED TO THE TERM			IN PARI I(0)	PERFORMED? YES NO	
		ruck	ran ove	r ne	ter noture of injury in Por CK & upper	chest	of chi	ld		
20c. TIME OF INJU 12:40. P.	. M8 2 196	O ol wo	rk Ol work	Home	E OF INJURY (Home, form y, street, office bldg., etc — Rerm	'Nr. Urb	ana	(County) Frede	erick, Mo	
	hat I taak charge resulted fram: N			ed abav	e, held an Autaps	Hamicide .		Inquiry X ined mann		
ACTUAL SIGNATURE	BOTH	ori	nas		M.D. CHIEF MEDICAL EX				DATE SIGNED	
EXAMINER'S NAME (Type)	B. O. Thoma	as, M.	D.		DEPUTY MEDICAL	-		3 Aug	1960	
	0N. 22b. DATE THEREO 8-5-60	F	Mount Ol:			Frederi			(Stote)	
23. FUNERAL DIRECTOR	es signature chison & Son	, Fre	ADDRESS		240. REC	D BY REGISTRAR	24b. REGISTR		IRE	

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DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

09100

	3160	CERTIFICA	ATE OF DEA	AIM			00103
o. COUNTY Frede:	rick	MARYLANE	2. USUAL RESIDEN G. STATE	CE (Where decease ryland	d lived. If institution b. COUNTY	on: Residence	before admission
b. CITY OR TOWN (If or RURAL and give neare Frederick	utside corporate limits, write est tawn)	since 6/22/60		(N (If outside corpo	prote limits, write RI	URAL ond give	ve nearest town)
d. NAME OF HOSPITAL OR INSTITUTION Maryland Odd	(If not in hospital, give street Fellows Home	et address)	d. STREET ADDR	ountwood	Road		e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	First CLARA	Middle BERNICE	MEYER.	4. DATE OF DEATH	Mon Au	th igust	26, Year 19 60
S. SEX 6	700 11	ARRIED NEVER MARRIED NEVER MARRIED DIVORCED	B. DATE OF BIRTH 15 June 1	L8 8 2	9. AGE (In years last birthdoy) yrs.	1	YEAR IF UNDER 24 HRS Doys Hours Min.
Og. USUAL OCCUPATION during most of working Retired—Self	(Give kind of work done 10 life, even if retired) employed	b. KIND OF BUSINESS OR INI Practical Nurse	Bowling	g Green,		12. CITIZI	EN OF WHAT COUNTRY
J. Henry Me	yer		14. MOTHER'S MA Martha				
1S. WAS DECEASED EVER IT (Yes, no. or unknown) (IF y	res, give war or dates of service)		informant odd Fellow I	Home Reco	Addi rds (Same		tem #1)
PART I. DEATH	DUE TO	line for (o), (b), ond (c).] Chronic Myocarc Acute Dilatatio					INTERVAL BETWEEN ONSET AND DEATH 2 Yrs
Conditions, if ony, gave rise to imm couse (o), storing the lying cause last. PART II. OTHER	pudate DUE TO	IS CONTRIBUTING TO DEATH B		ETERMINAL DISEAS	SE CONDITION GIV	EN IN PART	1(o) 19. WAS AUTOPSY PERFORMED?
20g. ACCIDENT WAS I OR CONTRIBUTING (IF EITHER, NOTIFY ME	CAUSE OF DEATH	ESCRIBE HOW INJURY OCCUP	RED. (Enter nature of in	jury in Port I ar Pa	rt II of item 18.)		YES NO L
20c. TIME OF INJURY Hour o. m. p. m.	Wh		PLACE OF INJURY (Hom factory, street, office blo	ne, form, 20f. (Cit dg., etc.)	y or town)	(Co	ounty) (State
21. I certify that (A 22.07	nded the deceased fram 26, 19 60 and tha	n June	19 60, ta 2:154, fram	Aug. 26	, 19 60 Id an the	that (I) (we) las date stated abave
220. SIGNATURE	Will A	1. 800	M.D. PHYS.	MED DIRECTOR	STAFF PHYS.	25	22b. DATE 1960
22c. PHYSICIAN'S NAME (Type)	lliam M. Smi	th, M. D.	22d. ADDRESS 309 Up	per Colle	ge Terrac	e, Fr	ederick, Md
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE THEREOF 8-30-60	23c. NAME OF CEMETERY		EVEN STATE	TION (City, town,		(Stote)
24. FUNERAL DIRECTOR'S S M. R. Etc.		Frederick, Mar	Land France	O. REC'D BY REGIS		STRAR'S SIGI	

Sow requires that the death certificate be executed within 24 haurs vicion. may be retained by the hospital or attending sician.

TO FUNERAL DIRECTOR: After this certificate was been signed by the attending physicion and completely filled Then please remave carban papers. Pages 1 page 3 should be detached for use as the burial-transit permit. Then please remaye carban papers. Pages the State Board of Health prior to burial, cremation, ar remayal, and in any event within 72 hours after death. VR A1S (4) 15M 9/59

TO HOSPITAL OR ATTENDING PHYSICIAN:

after death. Poge 4

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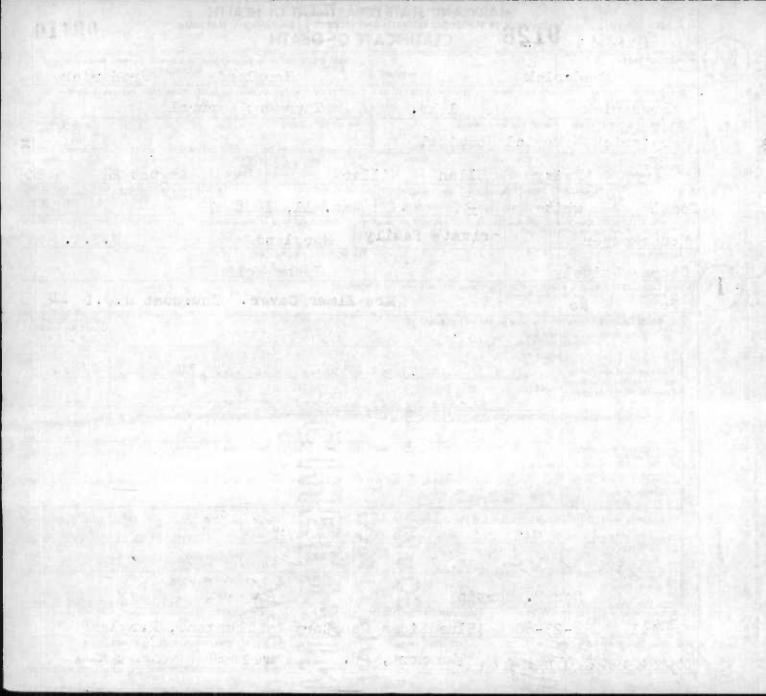
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MARYLAND STATE DEPARTMENT OF HEALTH 9120 CERTIFICATE OF DEATH

09110

	PLACE OF DEATH o. COUNTY	Frederick		MARYL		O. STATE	Mar Mar	yland	lived. If institution b. COUNTY	on: Residen	der:	e odmissi Lok	on)
	b. CITY OR TOWN RURAL ond give Freder	(If outside corporate limits, nearest town)	write c. LEN	l hr.	v 16		urmo		rote limits, write R	URAL ond	give nea	rest town)
	OR INSTITUTION	PITAL (If not in hospitol, giv ck Memoria				d. STREET AD	DRESS	11.14					DENCE FARM? NO
	NAME OF DECEASED (Type or print)	First Daisy	Ell	Middle en I	Mille	Last		4. DATE OF DEATH	Mon Aug		211.		9 60
	sex emale		MARRIED NIDOWED	NEVER MARRIED		Jan. 1	1, 1	.888	9. AGE (In years lost birthdoy) 72 yrs.	IF UNDER Months	Days	Hours Hours	R 24 HRS. Min.
F	OUSUAL OCCUPATION OF WITH A STATE OUSE WE STATE OF THE ST	TION (Give kind of work do orking life, even if retired)		of Business or ate fair	nily	1.0	ylan	d	ountry)		U.S		OUNTRY?
10	deorge S	Stitely				Ir	ene	Wolf					
	WAS DECEASED E	VER IN U. S. ARMED FORC		SECURITY NO.	17. INFO	Elmer	Gave	er.	Thurmor		.D.1		D
ATION	Conditions, if gove rise to couse (o), stotin lying couse los	immediate DUE TO	Der Sen	abetes eraliz	me TH BUT NO	lleter artiri	inf Del	mod Anos	lesately si	ZEWLZE ZEN IN PAR	7	PERFO	CIS
L CERTIFICATION	OR CONTRIBUTION	WAS UNDERLYING [] 2 NG [] CAUSE OF DEATH FY MEDICAL EXAMINER)	Ob. DESCRIBE H	IOW INJÚRY OC	CURRED. (I	Enter noture of	injury in P	ort I or Port	t II of item 18.)			123 []	140
MEDICAL	20c. TIME OF INJ Hour o. n p. n	n. 10	While N	OCCURRED 2 lot while twork		OF INJURY (H ,, street, office			or town)	(County)	53	(Stote)
)	- 11	%0, and	-	ATTENDING	TAE DIR	M, fram	the couses or STAFF PHYS. MAR.	d an the		stated	we) last abave. DATE SIGNED
	BURIAL, CREMAT REMOVAL (Speci Burial			NAME OF CEME		REMATORY emeter			rion (City, town," rmont,	or county) Mal? y	lan	(Stote	e)
110	PUNERAL DIRECTO	OR'S SIGNATURE		doress hurmon	t, M			BY REGIST		STRAR'S SI			



09111

JIKI CERTIFICA	AIE OF DEATH
1. PLACE OF DEATH a. COUNTY Fredericle MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Maryland b. COUNTY Frederick
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
d. NAME OF HOSPITAL (If nat in haspital, give street address) OR INSTITUTION Frederick Memorial	d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES \(\sum \) NO (2)
3. NAME OF DECEASED (Type or print) BARY BY BY	RPHILLIST OF DEATH Manth Day Year 1960
5. SEX 6. COLOR OR RAGE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED	8. DATE OF BIRTH 9. AGE (In years lost birthday) Months Doys Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of warking life, even if retired)	DUSTRY 11. BIRTHPLACE (State ar foreign country) 12. CITIZEN OF WHATCOUNTRY?
13. FATHER'S NAME NELVIN D. PRICEYS	Shirly Lee Demony
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (16. SOCIAL SECURITY NO. 17 (If yes, give war or dates of service)	HOSP, ACOND
18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which) (b)	at wity Interval Between ONSET AND DEATH
gove rise to immediate cause (a), stating the under-lying couse last.	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH B	UT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RED. (Enter nature of injury in Port I or Part II of item 18.)
20c. TIME OF INJURY Manth, Doy, Year 20d. INJURY OCCURRED While Not while of work 19 of work 19 of work 19	PLACE OF INJURY (Hame, farm, factory, street, office bldg., etc.) 20f. (City ar tawn) (Caunty) (Stote
21. I certify that (I) (this haspital) attended the deceased from saw the deceased alive an	t death accurred at 5 40 A from the causes and an the date stated above 22b.DATE
22c. PHYSICIAN'S NAME (Type) R. L. Guest, M. D.	M.D. ATTENDING MED DIRECTOR STAFF PHYS. TAIS SIGNED PHYS. 22d. ADDRESS CONSTRUCTION OF THE PHYS. TAIS SIGNED AND STAFF PHYS. TAIS SIGNED AND SI
23d. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY Union Cemet	
24. FUNERAL DIRECTOR'S SIGNATURE Son, Frederick, Mary	7land 250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE Orthor & Trans

Jow requires that the death certificate be executed within 24 hours TO HOSPITAL OR ATTENDING PHYSICIAN: The Jow requires that the death certificate be executed within 24 h may be retained by the haspital an attending prisician.

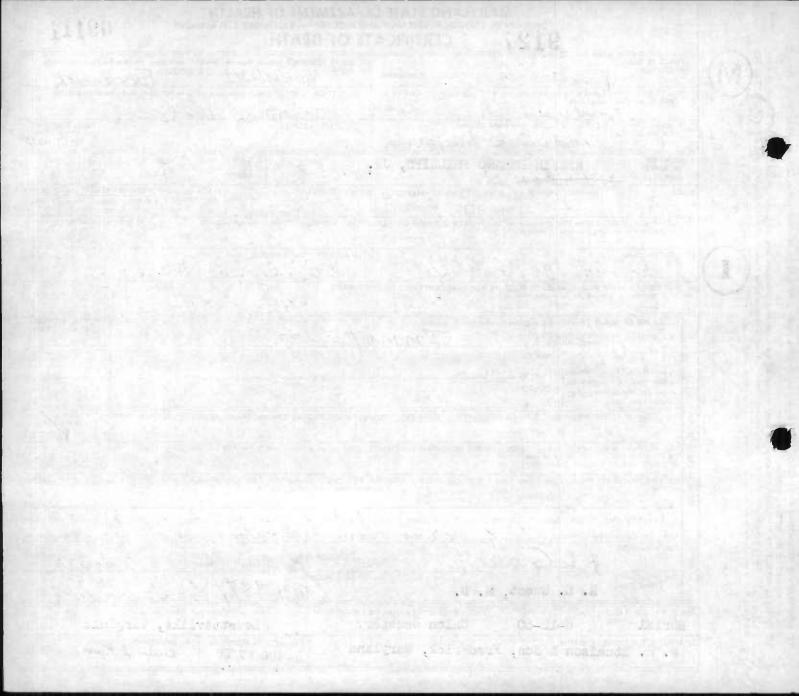
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled it page 3 shauld be detached for use as the burial-transit permit. Then please remaye carban papers. Pages 1 of the State Board of Health priar to burial, cremation, or remayol, and in any event, within 2 haurs ofter death.

ral director,

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after death. Page 4

VR A1S (4) 1SM 9/S9 Mis



I CITY OF TOWAL	rederick	- truc	MARYLAND		Marylan		b. COUNTY	Frede	
RURAL and give	(If outside carporate limit nearest tawn) rederick		TH OF STAY IN 16		rown (If autsid Frederi	-	limits, write k	KUKAL and giv	e nearest
OR INSTITUTION	PITAL (If not in hospital, gi			d. STREET A	DDRESS	R+h	Stroot		e. I
3. NAME OF DECEASED	Firs		Middle	Las		DATE	Mar	nth	Doy
(Type or print)	Beatric			evost		DEATH	August		
5. SEX	6. COLOR OR RACE	7- MARRIED ☑ N	DIVORCED	10-18-1		9.	AGE (In years ast birthday) 7 yrs.	Months D	ays H
Female 10a. USUAL OCCUPAT	White ION (Give kind of work d				-	oreign count	71	12. CITIZE	N OF WI
during most of wo	orking life, even if retired)			100	10.13	_			
13. FATHER'S NAME		None			eskyn		TASTITE	U.S	
Patrick	Toohey			Cath	erine G	ormles	r		
15. WAS DECEASED EV	ER IN U. S. ARMED FOR	CES? 16. SOCIAL S	ECURITY NO. 17. IN	NFORMANT	0. 2.0	OZ MAJO		iress	
(Yes, no, or unknown)	(If yes, give war or dates of se	None	Mr	. Desiri	e T. Pr	evost	1513 W	. 8th	St.
Canditions, if gave rise to cause (a), stating	immediate (end Car	rein or	ua of	Dra	20-57		2
Canditions, if gave rise to cause (a), stating lying cause last	IMMEDIATE CAUSE (a) DUE TO ony, which immediate g the <u>under.</u>)						VEN IN PART I	I(a) 19, 1
Canditions, if gave rise to cause (a), stating lying cause last PART II. O' 20a. ACCIDENT W OR CONTRIBUTION	any, which immediate the under- the significant control (c) THER SIGNIFICANT CONT) DITIONS <u>CONTRIBU</u>		NOT RELATED TO) THE TERMINAL	L DISEASE CO	ONDITION GI	VEN IN PART I	I(a) 19, \
Canditions, if gave rise to cause (a), stating lying cause last PART II. O	IMMEDIATE CAUSE (a) DUE TO any, which immediate go the under. (b) THER SIGNIFICANT CONIC VAS UNDERLYING [] IG [] CAUSE OF DEATH Y MEDICAL EXAMINE) JRY Manth, Day, Yea	DITIONS CONTRIBU 20b. DESCRIBE HO 20d. INJURY OC While Not	UTING TO DEATH BUT	NOT RELATED TO	THE TERMINAI . If injury in Part	L DISEASE CO	DNDITION GI		YE
Canditions, if gave rise to cause (a), stating lying cause last PART II. O' PART II. O' 20a. ACCIDENT W OR CONTRIBUTIN (IF EITHER, NOTIF Haur o. m. p. m.	IMMEDIATE CAUSE (a) DUE TO any, which immediate go the under. (b) THER SIGNIFICANT CONIC VAS UNDERLYING [] IG [] CAUSE OF DEATH Y MEDICAL EXAMINE) JRY Manth, Day, Yea	DITIONS CONTRIBU 20b. DESCRIBE HO ar 20d. INJURY OC While Not	UTING TO DEATH BUT W INJURY OCCURRED CCURRED 20e. PL while wark	D. (Enter nature a	THE TERMINAI if injury in Port Home, form, bldg., etc.)	L DISEASE CO I ar Part II o	DNDITION GI		1(a) 19, YE
Conditions, if gave rise to cause (a), stating lying cause last PART II. O' 15 O' 16 O' 17 O' 17 O' 18 O' 18 O' 19 O' 20 O' 10 O' 21 O' 21 O' 21 O' 21 O' 21 O' 21 O' 22 O' 23 O' 24 O' 25 O' 26 O' 27 O' 28 O' 29 O' 20 O' 20 O' 20 O' 20 O' 21 O' 21 O' 22 O' 23 O' 24 O' 25 O' 26 O' 27 O' 28 O' 29 O' 20 O' 2	IMMEDIATE CAUSE (a) DUE TO any, which immediate g the under: THER SIGNIFICANT CONT VAS UNDERLYING IG CAUSE OF DEATH TY MEDICAL EXAMINER) JRY Manth, Day, Yea	DITIONS CONTRIBU 20b. DESCRIBE HO ar 20d. INJURY OC While Not	UTING TO DEATH BUT W INJURY OCCURRED CCURRED 20e. PL while wark	D. (Enter nature a ACE OF INJURY (clary, street, affice	of injury in Part Home, form, e bldg., etc.)	L DISEASE CO	DNDITION GI	(Co	unty)
Conditions, if gave rise to cause (a), stating lying cause last PART II. Of PART II. Of CONTRIBUTION (IF EITHER, NOTIF Hour o. m. p. m. 21. I certify the	IMMEDIATE CAUSE (a) DUE TO any, which immediate g the under: THER SIGNIFICANT CONT VAS UNDERLYING IG CAUSE OF DEATH Y MEDICAL EXAMINER) JRY Manth, Day, Yea 19	DITIONS CONTRIBU 20b. DESCRIBE HO ar 20d. INJURY OC While Not	UTING TO DEATH BUT W INJURY OCCURRED CCURRED white wark deceased from	D. (Enter nature a ACE OF INJURY (clary, street, affice	of the terminal Home, form, bldg., etc.) d of 74 M G MED.	I ar Part II ar Part I	DNDITION GI	(Co	unty)
Conditions, if gave rise to cause (a), stating lying cause last PART II. O' 15 O' 16 O' 17 O' 17 O' 18 O' 18 O' 19 O' 20 O' 10 O' 21 O' 21 O' 21 O' 21 O' 21 O' 21 O' 22 O' 23 O' 24 O' 25 O' 26 O' 27 O' 28 O' 29 O' 20 O' 20 O' 20 O' 20 O' 21 O' 21 O' 22 O' 23 O' 24 O' 25 O' 26 O' 27 O' 28 O' 29 O' 20 O' 2	IMMEDIATE CAUSE (a) DUE TO any, which immediate go the under. THER SIGNIFICANT CONT VAS UNDERLYING GO CAUSE OF DEATH Y MEDICAL EXAMINER) JRY Month, Day, Year 19 nat (1) (this hospital osed olive an	DITIONS CONTRIBU 20b. DESCRIBE HO or 20d. INJURY OC While Not at wark at w	UTING TO DEATH BUT W INJURY OCCURRED CCURRED work deceased from	D. (Enter nature at ACE OF INJURY (ctary, street, affice) death occurred ATTENDIN', PHYS. 22d. ADDRI	THE TERMINAL If injury in Port Home, form, bldg., etc.) d of 74 M G MED. DIRECT	I ar Part II	of item 18.) town) e couses at	(Co	unty) that date st
Canditions, if gave rise to cause (a), stating lying cause last PART II. O 20a. ACCIDENT WOR CONTRIBUTING (IF EITHER, NOTIF) 20c. TIME OF INJU. Haur o. m. 21. I certify the sow the decect 22a. SIGNATURE 22c. PHYSICIAN'S NAME (Typs)	IMMEDIATE CAUSE (a) DUE TO Only, which immediate go the under. Out to the total content of t	DITIONS CONTRIBU 20b. DESCRIBE HO or 20d. INJURY OC While Not at work at work 19 Ottomore 19 Contribution 19	UTING TO DEATH BUT W INJURY OCCURRED CCURRED work deceased from	D. (Enter nature of ACE OF INJURY (ctary, street, affice ATTENDIN PHYS. 22d. ADDRI	o THE TERMINAL If injury in Part Home, form, bldg., etc.) d of 74 M G MED GESS North	I or Part II or	of item 18.) town) e couses at	1950 nd on the	unty)

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	Projectos	Batter T	ale kroberfi	
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7, 1965	congue August	4	solutions	
	10-16-1918		ettav etsavi	
.A.B.V.	Termolom, Pennsylvania	None - Ellins	ver acres i	
	Catherine Comley		Patrick Tooley	
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E William				
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Mand	orbit, we endering, Mor	U day LOO . WELL .	Old-D-B faired	
	(ICA) WE SEE SERVER	ζ		

DER 1 YEAR IF UNDER 24 HRS. Hours

CITIZEN OF WHAT COUNTRY?

INTERVAL BETWEEN ONSET AND DEATH

PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO A

e. IS RESIDENCE ON A FARM? YES NO

Year

1960

aw requires that the death certificate be executed within 24 hours after death. Page 4

	OIN		CERTIFIC	AIL	JI DLAI		C. Strickelle				- 0
1. PLACE OF DEATH o. COUNTY Fre	ederick		MARYLAN			(Where decease	ed lived. If institution b. COUNTY				sion
b. CITY OR TOWN RURAL and give to the control of th			ince-1916	lb c		(If outside corp	orote limits, write R	URAL ond	give ne	arest tow	n)
OR INSTITUTION	TTAL (If not in haspital, gi			d.	STREET ADDRES		econd Str	eet		e. IS RES	A FA
3. NAME OF DECEASED (Type or print)	Firs FMMA	t	Middle SNYDER	QU	Last INN	4. DATE OF DEATH	Mon	ugust	3.		Yen 191
5. SEX Female	6. COLOR OR RACE White	7. MARRIED			Feb 18	71	9. AGE (In years law jirthday) yrs.	Months	Doys	Hours	ER 2
House-wo	ION (Give kind of work d rking life, even if retired) PK		of Business or in		Pennsyl	Lvania	country)		SA	FWHAT	COU
13. FATHER'S NAME Israel 0				E	laira Me					9	
1S. WAS DECEASED EV	/ER IN U. S. ARMED FORC (If yes, give war or dates of se		THE GEOMITT TOO.	7. INFORM	Sarah E	Quinn	(Same a		m #2	2)	
	EATH [Enter only one country o	E	r (0), (b), and (c).]	4	yt	Hip			ON	ERVAL BI	DE
Conditions, if gove rise to cause (a), stoting lying cause last	immediate DUE TO	a	rtensm		· Mes	ent 1	Vision		2	·ya	cas
SATI	THER SIGNIFICANT COND	OITIONS <u>CON</u>	TRIBUTING TO DEATH	BUT NOT R	ELATED TO THE TO	ERMINAL DISEA	SE CONDITION GIV	EN IN PAI	RT 1(a)	PERFO YES	ORM
OR CONTRIBUTION	/AS UNDERLYING [] G [] CAUSE OF DEATH Y MEDICAL EXAMINER)	20b. DESCRIB	E HOW INJURY OCCU	IRRED. (Ente	r noture of injury	y in Part I or Pa	ort II of item 18.)				

MEDICAL 20c. TIME OF INJURY a. m. p. m.

22c. PHYSICIAN'S

REMOVAL (Specify)

Year 20d. INJURY OCCURRED While Not while of work at work

Doy.

9-2-60

20e. PLACE OF INJURY (Home, farm, 20f. (City or town) factory, street, office bldg., etc.

(County)

(State)

21. I certify that (1) (this haspital) attended the deceased fram. There 22o. SIGNATURE

19_6 and that death accurred

ATTENDING PHYS. M.D.

22d. ADDRESS

MED. STAFF PHYS.

10PM, fram the causes and an the date stated above. 22b. DATE 2 Sept 1960 NED

19.60 that (I) (we) last

NAME (Type) Thomas E. Stone, M. D. 23a. BURIAL, CREMATION, 23b. DATE THEREOF

23c. NAME OF CEMETERY OR CREMATORY

Mount Olivet Cemetery

4 W. 3rd St., Frederick, Md. 23d. LOCATION (City, town, or county)

Frederick, Maryland

(State)

24. FUNERAL DIRECTOR'S SIGNATURE

M. R. Etchison & Son, Frederick, Maryland

25a. REC'D BY REGISTRAR SEP 6 '60 DATE

1908

25b. REGISTRAR'S SIGNATURE

VR A1S (4) 1SM 9/59

TO HOSPITAL OR ATTENDING PHYSICIAN:

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		date-analis	
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L. Jemah			
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0.61 5-61 2			
And Park Control	THOUSE STRONG WI		bo-s-1
		n Prodered J. Harr	

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

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and 2 should be filed with

law requires that the death certificate be executed within 24 hours after death. Page 4

may be retained by the haspital ar attendit.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled page 3 should be detached for use as the buriol-transit permit. Then please remave carban pagers. Pages 1 the State Board at Health priar to burial, crematian, ar removal, and in any event, within 72 habs after death.

TO HOSPITAL OR ATTENDING PHYSICIAN: VR A1S (4) 1SM 9/S9

1. PLACE OF DEATH o. COUNTY Fre	derick	MARYLAN	O. STATE	here deceased lived. If institution b. COUNTY	Residence before admission) Frederick
b. CITY OR TOWN (If outs RURAL and give nearest Frederick	side corporate limits, w tawn)	rite c. LENGTH OF STAY IN 1	1	autside corporate limits, write RUR	(AL and give nearest tawn)
d. NAME OF HOSPITAL (MOR INSTITUTION Frederick Me	TT	rreet address) pital	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	First HIRAM	Middle BIRCHA	RD RAMSBURG	4. DATE Month OF DEATH August	b 29, 19 60
	were the second	MARRIED NEVER MARRIED DOWED DIVORCED	B. DATE OF BIRTH September 8,	lost histhday)	FUNDER 1 YEAR IF UNDER 24 HRS Manths Days Hours Min.
	Sive kind af wark done	10b. KIND OF BUSINESS OR IN Butcher Shop		ar fareign cauntry)	12. CITIZEN OF WHAT COUNTRY
13. FATHER'S NAME Samuel	Ramsburg		14. MOTHER'S MAIDEN Sarah	Ann Creager	
15. WAS DECEASED EVER IN		16. SOCIAL SECURITY NO. 11.	7. INFORMANT France: Mrs. Trunce: R	. Curiman, Liber	tytown, Maryland
Conditions, if any, gave rise to imme cause (a), stating the lying cause last. PART II. OTHER S 20a. ACCIDENT WAS UN	DUE TO which dig ate and the total and the	1	vuralen de	read	N IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NOW
OR CONTRIBUTING CIFEITHER, NOTIFY MED V V V V V V V V V V V V V	Aanth, Day, Year	20d. INJURY OCCURRED 20e While Nat while It wark at wark	PLACE OF INJURY (Hame, far factory, street, affice bldg., et		(Caunty) (State
saw the deceased 22a. SIGNATURE 22c. PHYSICIAN'S	7.0	House, Jr.	M.D. ATTENDING XX	AED. STAFF PHYS. Sville, Marylan	an the date stated abave 22b.DATE SIGNEL 8/30/60
23a. BURIAL, CREMATION, 1	23b. DATE THEREOF	23c. NAME OF CEMETER	Y OR CREMATORY	23d. LOCATION (City, tawn, ar	
M. R. Etchise		Frederick, Mary			RAR'S SIGNATURE

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	(Instrument)		altition of
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

	9148	CERTIF		E OF DEATH		MARYLAND		09	115	5
o. COUNTY	Frederick	MARY	LAND	2. USUAL RESIDENCE (Mo. STATE Mary	/here decease	d lived. If instituti b. COUNTY	on: Residen			ion)
	(If autside corporate limits, write	c. LENGTH OF STAY	IN 1b	c. CITY OR TOWN (IF	autside corpo	prote limits, write R	URAL and g	give nea	rest town)
RURAL ond give		18 month	S	Kensi	ngton			15	36.	2
d. NAME OF HOSE OR INSTITUTION	PITAL (If not in hospital, give street Victor Cullen		tal	d. STREET ADDRESS	Brunsw	rick Ave				FARM?
B. NAME OF DECEASED	First	Middle		Last	4. DATE OF	Mon	ŧh	Day		Year
(Type or print)	Florence	e		Rosenberg	DEATH	nugi	_	28		1960
S. SEX	6. COLOR OR RACE 7. MA	RRIED NEVER MARRIE	D B.	DATE OF BIRTH		9. AGE (In years last birthdoy)	IF UNDER Months	1 YEAR Days	Hours I	R 24 HR
Female	White WIDO	WED DIVORCE		11-19-1891		68 yrs.	Monnis	Duys	riddis	745711.
Oa. USUAL OCCUPAT	TION (Give kind of work dane 10) orking life, even if retired)	. KIND OF BUSINESS O	R INDUST	RY 11. BIRTHPLACE (Stot	e ar fareign a	country)	12.CIT1	ZEN OF	WHATC	OUNTRY
Housewij	_	Housewife		Marvl	and		US	5		
3. FATHER'S NAME				14. MOTHER'S MAIDEN	NAME				7.1	-
Agrai	n Pittle			Rachel Wr	nhle					
S. WAS DECEASED E	VER IN U. S. ARMED FORCES? 1	S. SOCIAL SECURITY NO	. 17. INF	ORMANT	0.010	Add	ress		77	
(Yes, no, or unknown)	(If yes, give wor or dates of service)	lana	Dn	M. Zavis		Cullen.	MA			
	EATH Enter only one cause per	one		P P ZICE V Z D	-	Odaziosi 6	1.0%	LINITE	RVAL BE	TWEEN
Canditions, if gave rise to cause (a), statin lying cause las	immediate DUE TO								25 y	ears
PART II. O	THER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DE	ATH BUT N	OT RELATED TO THE TERA	MINAL DISEAS	SE CONDITION GIV	EN IN PAR	T 1(o) 19	PERFO YES	RMED?
	WAS UNDERLYING (1) 20b. DI NG (1) CAUSE OF DEATH FY MEDICAL EXAMINER)	ESCRIBE HOW INJURY O	CCURRED.	(Enter nature of injury in	Port I ar Pa	rt II of item 18.)				
20c. TIME OF INJI Hour a. m p. m	. Whi	INJURY OCCURRED le Not while ork at work		CE OF INJURY (Hame, fai ary, street, affice bldg., e		y or town)	(0	County)		(Stat
	hat (1) (this hospital) atter ased alive an 8-27 ucleach y		that de	eath accurred at 3_	MED.	STAFF		e date		b. DATE SIGNE
22c. PHYSICIAN'S NAME (Type		3	M	22d. ADDRESS	orector D	State Hos	pital			
23a. BURIAL, CREMAT REMOVAL (Speci Burial	(ion, 23b. DATE THEREOF Aug 30, 196	23c. NAME OF CEM			1.000	hington,			(State	0)
2 FUNERAL DIRECTO	PUBLIC HOND	1217-9	- le	10/	C'D BY REGIS		STRAR'S SI			

low requires that the death certificate be executed within 24 hours ofter death. Page 4 the attending physician ond completely filled the funerol director, Then please remove carban popers. Pages 1 and 2 should be filed with TO HOSPITAL OR ATTENDING PHYSICIAN: 75-5 Jow requires that the death certificate be executed within 24 h may be retained by the hospital or attending yisician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled page 3 should be detached for use as the burial-transit permit. Then please remove carban popers. Pages 1 of the State Board of Health prior to burial, cremation, or remayal, and in any event, within 72 hours after death. VR A15 (4) 15M 9/59

BI 48 CERTIFICATE OF BEATH Billin cortal to Annual 1900 Whis Inches Company of the Manager State

		MARY	LAND	STATE DEPARTM	ENT OF HEALT	H-BALT	IMORE, 1	8		
		914	1	CERTIFICA	ATE OF DEAT	Н		Reg. Dis	Residence before admission) Residence before admission admi	
1.	PLACE OF DEATH a. COUNTY	Frederick		MARYLAND	2. USUAL RESIDENCE (W	here deceased		ın: Residenc	e before o	dmissian)
	RURAL and give n	If outside carporate limi earest tawn) conville	ts, write	c. LENGTH OF STAY IN 16 10 Yrs.	7	outside carpora		JRAL and g	ive nearest	town)
	d. NAME OF HOSPI' OR INSTITUTION	TAL (If not in hospital, g	ive street	address)	d. STREET ADDRESS					ON A FARM?
3.	NAME OF DECEASED (Type or print)	Bert	ha		Shafer	4. DATE OF DEATH	Au			The state of the s
	Female	White	WIDOW		8. DATE OF BIRTH Aug. 7	1880	last bishday) yrs.			
100	during most of war	ON (Give kind of work king life, even if retired EWLIE	done 10b.	KIND OF BUSINESS OR INDU Home	Mar	yland	ntry}			
13.	FATHER'S NAME	Unknown			14. MOTHER'S MAIDEN Laura	NAME E YO	oung			
1 S. {Y∈	WAS DECEASED EVE	R IN U. S. ARMED FOR Ilf yes, give wor or dates of s	CES? 16. ervice)	None 17.	Mrs. Fr	ancis	Staley		ionv	ille, 1
Z	Conditions, if o gave rise to i cause (a), stating lying cause last.	the under-)	Drizinel.	site - 1	Pt.	Bread	1		
CERTIFICATION	20a. ACCIDENT WA	AS UNDERLYING G C AUSE OF DEATH MEDICAL EXAMINER		CRIBE HOW INJURY OCCURRE				EN IN PARI	P	ERFORMED?
MEDICAL C	20c. TIME OF INJUR Hour a. st. p. m.		20d. II While at wor	Not while fa	ACE OF INJURY (Home, farr ctory, street, office bldg., et	n, 20f. (City o	r town)	(C	ounty)	(State)
		not Lottended the			57, 19, to occurred at 2 40	8/30, P.M. from				
	ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	M. E. P.	olu	Mean	M.D. Men	ADDRESS (Stre	et, city ar town, s		P8	
220	ACTUAL SIGNATURE	N, 22b. DATE THEREC	o Cu	Mean	M.D. Mean	ADDRESS (Stre		r county)		DATE SIGNE

provide the control of the control o LONG THE THIRD IN THE STREET STREET

VR A1S (4) 1SM 9/S9

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

9131

09117

	1. PLACE OF DEATH o. COUNTY Frederick	MARYLAND	- CTATE	ENCE (Where decease ryland	d lived. If instituti b. COUNTY	on: Residence b	
	PI I PAL and give pegrest town	ears		OWN (If outside carpo ederick	prote limits, write R	URAL and give	nearest town)
C	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION Wynelle Nursing Home		d. STREET AL	odress 6 North Ma	rket Str	eet	e. IS RESIDENCE ON A FARM? YES NO
	3. NAME OF First DECEASED (Type or print) BLANCHE	Middle TRENE	SNOOK	4. DATE OF DEATH	Mon	August	8, 1960
×	s. sex Female 6. COLOR OR RACE White 7. MARRIED NEW WIDOWED	Name of	DATE OF BIRTH	0	9. AGE (In years lost birthdoy) 69 yrs.	Manths Day	AR IF UNDER 24 HRS. Hours Min.
1	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Seamstress Dry Cle 3. FATHER'S NAME	usiness or industrance Fire		stown, Md.	ountry)	12.CITIZEN	OF WHAT COUNTRY?
	Harry R. Snook			Ida Renne	r		
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes. no. or unknown) (If yes, give war or doles of service) 214-10-		rsing Ho	me Records	(Same as		#1)
	18. CAUSE OF DEATH [Enter anly one couse per line for (o), (I) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gove rise to immediate cause (a), stating the under-lying couse lost. Column 19	cinen	NOT RELATED TO	THE TERMINAL DISEAS	se condition giv		NTERVAL BETWEEN DISET AND DEATH 19. WAS AUTOPSY PERFORMED? YES NO
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS 20a. ACCIDENT WAS UNDERLYING CONTRIBUTIONS OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year Haur o. m. p. m. 19 of work of work of work of work of work of work contributions.	CURRED 20e. PLA foct	CE OF INJURY (Flory, street, office		rt II of item 18.) y or town)	(Cour	
	21. I certify that (I) (this haspital) attended the d	O, and that de	ATTENDING PHYS. 22d. ADDRE 220 N	MED. DIRECTOR	the causes ar	10 A	that (I) (we) last ate stated abave. 22b. DATE 1960 SIGNED
	DEMONAL (Cassiful	AE OF CEMETERY OR			TION (City, town,		(State) yland
	24. FUNERAL DIRECTOR'S SIGNATURE Son, Frederi	ck, Maryl	and	25a. REC'D BY REGIS	TRAPO 25b. REGI	STRAR'S SIGNA	

TELET NA IN TRACTOR STATE OF THE STAT SU SHARWA AND THE COURSE OF THE PROPERTY AND THE P Capacita de siste i abragana accalinadores a tota el cale Seas and and sense are sense as one the symmetry some that the state of the symmetry send

MARYLAND	STATE DEPARTM	ENT OF HEALTH—BALTIMO)RE, 18
9148	CERTIFICA	ATE OF DEATH	R
		2. USUAL RESIDENCE (Where deceased lived.	

(19118 Reg. Dist. No.

	reg. visi.	10.
1. PLACE OF DEATH O. COUNTY THE MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence b c. STATE b. COUNTY	efare admission)
b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b	Wariyand hide	uce
RURAL and give pearest town)	c. CITY OR TOWN of outside carporate limits, write RURAL and give	nearest town)
Waltersville 40 yrs.	Nal Remille	
d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION	d, STREET ADDRESS	IS RESIDENCE ON A FARM? YES NO NO
		I ICS [] NO [8]
3. NAME OF First Middle	Lasi 4. DATE Manth	Day Year
(Type or print) KOLAND RALPH ST	WERIER DEATH aug.	25 1960
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YE	AR IF UNDER 24 HRS.
WIDOWED DIVORCED	Marths Day	Hours Min.
10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUS		OF WHAT COUNTRY
during most of working life, even if setired)	2 0 1	. ~ 4
Steet metal worker 1 Tooling	Marylande u	S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
Hanson Shurrier.	annie Elie Sette Burlan	
	NFORMANT A Address	
[Yes, no. or unknown] [Iff yes, give wor or glotes of service]	a. 6.0 1 S	511 Jan 6
140 (143-0/-1234 M	is Bensan & Spiring Hackers	wells, me
1B. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] PART I, DEATH WAS CAUSED BY:		NTERVAL BETWEEN
IMMEDIATE CAUSE (0) Coronary thron	Non	1 minute
DUE TO O		
Conditions, if ony, which) (h) Anterioselerus	en communanteries	9 Magain
gove rise to immediate During		gan
cause (a), stating the under. lying couse lost. DUE TO Carling seles	the cardiovascular deneme !	9 years
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 160	19. WAS AUTOPSY
TATO TO THE TATO THE TATO TO THE TATO TO THE TATO TO THE TATO THE TAT		PERFORMED? YES NO
206. ACCIDENT WAS UNDERLYING 2016. DESCRIBE HOW INJURY OCCURRED OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	D. (Enter nature of injury in Part I or Part II of item 18.)	
	ACE OF IMPLOY (II	
	ACE OF INJURY (Hame, farm, 20f. (City or tawn) (Counctary, street, office bldg., etc.)	ty) (State)
Hour a. m. 19 While Nat while at wark at work		
21. I certify that I attended the deceased from.	e, 1950, to 8/25, 19/00, that I last	saw the deceases
8/27	occurred at 5 $\rho_{\rm M}$, from the causes and on the	
dive on that deam	ADDRESS (Street, city or town, state)	DATE SIGNED
ACTUAL ()	ADDRESS (Sireer, City of Idwin, Store)	DATE SIGNED
SIGNATURE James 1. John	M.D	
PHYSICIAN'S JAMES E . STONER JR.	WALKERSUYLLE, Md	8 26/60
220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY O	R CREMATORY 22d. LOCATION (City, town, or county)	(State)
REMOVAL (Specify) 8/28/60 400 de Com	itery 1120 Ron sarios	m/
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS		TURE
Ma Barta In Ohn in	20160 Collins d.	Thank
Vicinia Waltersmill	MC . DATE AUG 3 0 00	

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VS A15 (4) 1SM 9/S8

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

09119 Reg. Dist. No.

9149							
1. PLACE OF DEATH o. COUNTY Frederick	MARYLAND	2. USUAL RESIDENCE (Who o. STATE Maryla		institution: Residence			
b. CITY OR TOWN (If autside carporate limits, RURAL and give nearest town) Middletown-Rural	2 Yrs.	c. CITY OR TOWN (If o	utside corporate timits,	write RURAL and give			
d. NAME OF HOSPITAL (If not in hospital, give Valley View Nursing Ho	street oddress)	d. STREET ADDRESS Feagav	ville		e. IS RESIDENCE ON A FARM? YES NO		
3. NAME OF First DECEASED (Type or print) FLORA	Middle MAY	STONE	4. DATE OF DEATH	Month August	7, Year		
Thomas and a state of the state	MARRIED NEVER MARRIED NEVER MARRIED DIVORCED	8. DATE OF BIRTH 28 April 1880	9. AGE (I lost bit	n years thday) yrs. IF UNDER 1	YEAR IF UNDER 24 HRS Days Hours Min.		
10a. USUAL OCCUPATION (Give kind of work don during most of working life, even if retired) House—work	At Home	Middletown		US.	EN OF WHAT COUNTRY		
13. FATHER'S NAME Kenneth Castle		14. MOTHER'S MAIDEN N	McCoy				
15. WAS DECEASED EVER IN U. S. ARMED FORCE: (Yes, no, or unknown) (If yes, give wor or dates of service)	(a)	mer C. Stone,	243 E. 2n Frederick				
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDIT	TIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMI	nal Disease condit	ION GIVEN IN PART	1(o) 19. WAS AUTOPSY PERFORMED? YES NO X		
PART II. OTHER SIGNIFICANT CONDIT	b. DESCRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in F	Part I or Port II of item	18.)	TES ES INO IN		
20c. TIME OF INJURY Month, Doy, Year Hour a.m. 19	20d. INJURY OCCURRED 20e. PL While Not while of work at work	ACE OF INJURY (Home, farm ctary, street, office bldg., etc.	20f. (City or town)	(Co	ounty) (State		
21. I certify that I attended the dealive an Oliving 5. ACTUAL SIGNATURE SUM PHYSICIAN'S NAME (Type) J. Elmer Harr	1869, and that death	accurred at	M, fram the cau ADDRESS (Street, city of	ses and an the	t saw the decease date stated above DATE SIGNE Aug 1960		
220. BURIAL, CREMATION, 22b. DATE THEREOF 8-10-60	22c. NAME OF CEMETERY O	R CREMATORY emetery	22d. LOCATION (City Feagavill	, town, or county) e, Marylar	(State)		
23. FUNERAL DIRECTOR'S SIGNATURE N. Etchison & Son,	Frederick, Maryl	and	D 8Y REGISTRAR 24	b. REGISTRAR'S SIGN	NATURE		

Difference -baretends award disk start? 1 - Jen A Samil-made I J Also varies and the second record to the second record record to the second record to the second record record to the second record rec The Company of the Co East a contract to the contract of the contrac The second secon using grant a state of the control o best to the country of the land

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ofter death. Poge 4	r the funeral director,	2 should be filed with	N
TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the deoth certificate be executed within 24 hours ofter death. Page 4	may be retained by the hospitol or attendit hysician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled to the funeral director,	Se page 3 should be detoched for use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 should be filled with	the State Board of Health priar to burial, cremation, ar removal, and in any event, withig 72 haurs after death.
VR 1S	A15 M 9/5	(4) 59	

	1719	CERI	IFICATE	OF DEATH					
1. PLACE OF DEATH G. COUNTY Fred	lerick	M	ARYLAND 2.	USUAL RESIDENCE (WE O. STATE Maryla		l lived. If instituti b. COUNTY			nission)
	(If autside carporate limits, v	c. LENGTH OF ST	TAY IN 1b	c. CITY OR TOWN (If o		rate limits, write R	URAL and gi	ive nearest to	own)
d. NAME OF HOSPI OR INSTITUTION 207 Rocky	TAL (If not in hospital, give	street address)		d. STRÉET ADDRESS 207 Ro	ckwell	Terrace		10	RESIDENCE N A FARM? NO [
3. NAME OF DECEASED (Type or print)	First WILLIA		ddle RTIN	Last STORM	4. DATE OF DEATH	Мог	h August	Doy 15,	Year 19 60
5. SEX Male	9979 0 1	MARRIED NEVER MA		PATE OF BIRTH 24 Jan 1889		9. AGE (In years last birthdoy) 71 yrs.		Days Hou	
during most of wo Attorney	ION (Give kind of work done rking life, even if retired)	10b. KIND OF BUSINES Attorney—	At-Law	Frederick	, Mary		US.	EN OF WHA	T COUNTR
13. FATHER'S NAME Richard I			1	Martha E.					
	ER IN U. S. ARMED FORCES	7 16. SOCIAL SECURITY 216-14-651	13	M. Elizabe	th Sto		ress le as i	item #	1)
Canditions, if gave rise to couse (a), stating lying cause last	the under-			eart Diseas		E CONDITION GI	VEN IN PART	1(o) 19. W	AS AUTOPS
OR CONTRIBUTION	/AS UNDERLYING ☐ 20k G ☐ CAUSE OF DEATH Y MEDICAL EXAMINER)	DESCRIBE HOW INJUR	RY OCCURRED. (Enter nature of injury in	Port I ar Part	II af item 1B.)			
20c. TIME OF INJU Hour o. m. p. m.	10	20d. INJURY OCCURRED While Nat while at wark at wark	factor	OF INJURY (Hame, farm y, street, office bldg., etc		ar tawn)	(C	aunty)	(Star
	ot (I) (this hospital) a			June 19 th accurred at 2A		August the couses a			
22o. SIGNATURE	607/2	mas	M.D	PHYS. D	IED.	STAFF PHYS.	15	Aug 1	226. DATE .960 IGN
22c. PHYSICIAN'S NAME (Type)	B. O. Thomas,	M. D.		22d. ADDRESS 228 N. Mar	ket St	., Frede	erick,	Md.	
23a. BURIAL, CREMATI BEMOVAL Specify BURIAL			CEMETERY OR C			city, town, erick, M			Stote)
M. R. Etc	r's signature chison & Son,	Frederick,	Marylan	2So. REC	D BY REGIST		Istrar's SIG		

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	Catalina . To transmiss		6414	FORTIE
		year told, the real	Manual e Son,	

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 09121 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE Rea. Dist. No. HEALTH DEP PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY Frederick O. STATE Marylands. COUNTY Frederick files. Health, MARYLAND b. CITY OR TOWN (If autside corporate limits, write RURAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Thurmont your do b rure Thurmont. Marvland Vrs. d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE وتر Boor ON A FARM? Own Home YES NO TO NAME OF Middle 4. DATE First Month Doy Yanı DECEASED GRASWEENEY CLIFFORD 1960 (Type or print) DEATH August 19 the 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX 9. AGE (In peors 8. DATE OF BIRTH IF UNDER TYEAR IF UNDER 24 HRS. Months White male WIDOWED | DIVORCED T 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? ond during most of working life, even if retired) Ft. Detrick Maryland U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME pages William I. Sweeney Ella Carbaugh 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address les Thurmont. Regina Sweeney 18. CAUSE OF DEATH | Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if ony, which gave rise to immediate cause DUE TO (a), slating the underlying cause last, D PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19: WAS AUTOPSY vsed PERFORMED? NO F 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Part II of item 18.) PRIMARY | or CONTRIBUTING | pino 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, form, 20c. TIME OF INJURY Month, Doy, Year 1 20f. (City or town) (County) (Stote) factory, street, office bldg., etc.) Hour While Not while al work at work 21. I certify that I took charge of the remains described above, held an Autapsy Inspection I. and in my DIRECTOR: opinion death resulted fram: Natural causes [X], Accident [], Suicide , Hamicide , Undetermined manner DATE SIGNED ACTUAL CHIEF MEDICAL EXAMINER SIGNATURE should be f ASSISTANT MEDICAL EXAMINER **EXAMINER'S** DEPUTY MEDICAL EXAMINER TA NAME (Type) 220. BURIAL CREMATION. 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, lown, or county) REMOVAL (Specify) 8-21-60 Lewistown Cemeterv Lewistown, Maryland surial 0 FUNERAL DIRECTOR'S ADDRESS 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS. A15ME Thurmont. Maryland arily & Kraus AUG 2 3 '60 5M 2/57

44 PERSONAL CONTRACT Maintain, this two was read a more inch

09122 Reg. Dist. No.

o. COUNTY	Frederick	MARYLAND	2. USUAL RES	Mar yla	_ b	If institution.	on: Residence bef		
b. CITY OR TOWN (IF RURAL ond give no Thurmont	outside corporate limits, write arest town) rural	c. LENGTH OF STAY IN 16 Lifetime		TOWN (If outside hurmont		its, write R	URAL and give ne	earest town	1)
d. NAME OF HOSPITA OR INSTITUTION OWN Home	AL (If not in hospital, give stree	oddress)	d. STREET	ADDRESS					FARM?
NAME OF DECEASED (Type or print)	First William	Middle Isreal Sw	eeney		DATE OF DEATH	Mon A12	m p		Year 19 60
male	6. COLOR OR RACE 7. MAR WIDOW	74	B. DATE OF BIRT	H 1882	9. AGE lost 7/9		Months Doys		
during most of working Laborer	ng life, even if refired)	ctomac E. Co		aryland			12. CITIZEN O	S.A.	
FATHER'S NAME				MAIDEN NAME					
	m M. Sweeney		E	liza F	Holtz				
. WAS DECEASED EVER (es. no. or unknown)	IN U. S. ARMED FORCES? 16 f yes, give war or dates of service)	0 0 10	Mrs. E	lla Swe	eney	Addi T	hurmont	RI) 1
Conditions, if on gove rise to in couse (o), stating to lying cause lost.	nmediate but TO		0	o THE TERMINAL I	0	DITION GIV	re /	PERFO	uth
(IF EITHER, NOTIFY A	CAUSE OF DEATH	CRIBE HOW INJURY OCCURRED	D. (Enter noture o	of injury in Port I	or Port II of it	em 18.)			
20c. TIME OF INJURY Hour o. m. p. m.	While		ACE OF INJURY (tory, street, offic	Home, form, 20 e bldg., etc.)	of. (City or tow	n)	(County)		(Stote)
21. I certify the alive an	ames K. Gray	and that death		430p.M. ADDR		y or town,	1	e stated	
o. BURIAL, CREMATION REMOVAL (Specify) Burial	8-21-60	22c. NAME OF CEMETERY OF Lewistown	Cem.	22d.	LOCATION (C	ity, town, c		(Stote	B)
JUNERAL DIRECTOR'S	6 Greage	ADDRESS Thurmont,	Md.	240. REC'D BY			TRAR'S SIGNATU		

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I av i a ric	TorneyR off, . Ber St	are I are C		o ·
			J. Selection	

FOR STATE HEALTH DEP

is necessary, please al director. Page for your files. Board of Health,

TO DEPUTY MEDICAL EXAMINER: This cartificate should be executed within 24 hours after death. If any delay is execute the cartificate, writing the word sidning in pencil in Item 18. Give Pages 1, 2, and 3 to the functional at should be farwarded to the Chief Mec. Examiner's Office along with form PM3. Page 5 may be related FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State are its designated agent, prior to burial, crematian, ar removal, and in any event within 72 hours after death.

VS. A15ME 5M 2/57

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 9152 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

09124 Reg. Dist. No.

o. COUNTY	1						and lived If institu	ution. Pasida	mar bafare .	idmission)
	Frederick		MARY		2. USUAL RESIDENCE (yland	b. COUNT	Pv _	ederi	
b. CfTY OR TOW	N (It outside corporate limits, write town)	e RURAL	c. LENGTH OF STAY	IN 1b	c. CITY OR TOWN (t town)
	ck-Rural-R.F	.D.#6	30 Years		Fred	lerick-	Rural-R.	F.D.#6		
	SPITAL OR INSTITUTION (If not in hos	pital, give street addres	5)	A. STREET ADDRESS					S RESIDENC
	Mill Road				Reel	's Mil	1 Road		YE	я 🔄 но [
3. NAME OF DECEASED (Type or print)	Fire		MATLLEW WELLER		SWOMLEY	4. DATE OF DEATH	Aug		28,	Yeor 19 60
. SEX	6. COLOR OR RACE	7. MARRIE	EDIX NEVER MARRIED	8. 0	ATE OF BIRTH		9. AGE (In years loss-burthday)	-	IYEAR IF U	INDER 24 HR
Male	White	WIDOWED	DIVORCED	□ A	ugust 3, 19	000	60 yrs.	Months	Days Hou	ers Min.
0a. USUAL OCCUP during most of we Farmer	ATION (Give kind of work orking life, even if retired)	dane 10b. K	At Home	INDUSTRY		e or loreign of		12. CITIZ		SA
3. FATHER'S NAMI	rin Swomley				4. MOTHER'S MAIDEN Annie	NAME Kate K	emp			
15. WAS DECEASED Yes, no. er unknown)	EVER IN U. S. ARMED FO	service)	SOCIAL SECURITY NO.		· Alice C.	Swoml	Address ey-Same		m #2	
	DEATH [Enter only one countries of the c	00	for (o), (b), and (c).] RONARY OCCI	USIO	N				Minu	D.DEATH
	DUE TO any, which mediale cause (b)	CO		USIO	N				QNSET AND	D.DEATH
Conditions, i gove rise to in (o), stoting the couse lost.	DUE TO any, which mediate cause but to converting DUE TO converting DUE TO	CO	RONARY OCCI			MINAL DISEAS	E CONDITION GIV	VEN IN PART	Minu	AS AUTOPSY REFORMED?
Conditions, i gove rise to in (o), stating the couse lost.	DUE TO Immediate cause (b) Immediate cause (c) OTHER SIGNIFICANT CON	CO	RONARY OCCI	H BUT NO	T RELATED TO THE TERM			VEN IN PART	Minu 1(o) 19. W. PE	AS AUTOPSY REFORMED?
Conditions, i gove rise to in (o), sloting the couse lost. PART II. 20c. EXTERNAL PRIMARY Or CAUSE OF DEA 20c. TIME OF IN Hour o.	DUE TO Immediate Cause (b) Immediate Cause (c) OTHER SIGNIFICANT CON CAUSE WAS CONTRIBUTING TH.	DITIONS CO	DITRIBUTING TO DEATH	H BUT NO	T RELATED TO THE TERM	nt I or Port II	of item 18.)	VEN IN PART	Minu I(o) 19. W. YES [AS AUTOPSY RFORMED2
Conditions, i gove rise to in (o), stoling the couse lost. PART II. 200. EXTERNAL PRIMARY Or CAUSE OF DEA 20c. TIME OF IN Hour o. P. 21. I certify	DUE TO Immediate Cause Out to Immediate cause Out to Out to Out to Out to Other significant con Cause was CONTRIBUTING TH. UURY Month, Day, Year m.	DITIONS CO	ENONARY OCCI	RED. (Enlower PLACE factory	T RELATED TO THE TERM or noture of injury in For OF INJURY (Home, form, street, office bldg., etc.)	m, 20f. (City	of item 18.) v or town)	(Covi	Minu I(o) 19. W. PE YES [AS AUTOPSY RFORMED? (Slote)
Conditions, i gove rise to in (o), stoling the couse lost. PART II. 200. EXTERNAL PRIMARY Or CAUSE OF DEA 20c. TIME OF IN Hour o. P. 21. I certify	DUE TO Immediate Cause Immediate Cause	DITIONS CO	ENONARY OCCI	H BUT NO RED. (Enter	T RELATED TO THE TERM or noture of injury in Fo OF INJURY (Home, form, street, office bldg., etc., street, office bldg., etc., held on Autops., Suicide [], M.D. CHIEF MEDICAL E	m. 20f. (City sy, In Homicide	of item 18.) ver town) Inspection [1] Undete	(Cou	(o) 19. W. PE YES [AS AUTOPSY RFORMED? (Slote)
Conditions, i gove rise to in (o), stating the couse lost. PART II. 20c. EXTERNAL PRIMARY Or CAUSE OF DEA 20c. TIME OF IN Hour o. p. 21. I certify opinion dea ACTUAL	DUE TO Immediate Cause Immediate Cause	DITIONS CO. DESCRIBE OF 20d. I While of wo	ENTRIBUTING TO DEATH ENTRIBUTING TO DEATH	H BUT NO RED. (Enter	or noture of injury in For OF INJURY (Home, form, street, office bldg., etc., held on Autops., Suicide	m, 20f. (City c.) In Homicide	of item 18.) or town) inspection inspec	(Cou	TI(0) 19. W. PE YES [AS AUTOPSY RFORMED? (Slote)

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VR A1S (4) 1SM 9/59

MARYLAND STATE DEPARTMENT OF HEALTH 9 PHYSION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

09123

A		PLACE OF DEATH a. COUNTY Frederich MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE b. COUNTY
9		b. CITY OR TOWN (If outside corporate limits, write RURAL and give neorest town) Led South City 4 Weeks	c. CITY OR TOWN (If deside corporate limits, write RURAL and give nearest town) New Market
		d. NAME OF HOSPITAL (If not in haspital, goe street address) OR INSTITUTION Frechick Merwin al	d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES \(\sum \) NO \(\sum \)
		NAME OF DECEASED (Type or print) First Middle Harriet	THOMAS 4. DATE Month Day Year Por Post Aug 9 1960
	5. 5	F COL. WIDOWED DIVORCED	8. DATE OF BIRTH 3 29 9 1 9. AGE (In years lift UNDER 1 YEAR IF UNDER 24 HRS. Manths Days Haurs Min.
	10a	USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	STRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? USA
)	LEWIS JAMES	MARY SEWELL
		WAS DECEASEDEVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. IN 18. no, or unknown) (If yes, give wor or dates of service) 2/2-24-6096 R	OUTH JACKSON NEWMARKEI M
	ATION	1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), ond (c).] PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (b) DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the under: lying cause lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	interval between onset and Death 3 days ic Gaugeens of Borth lags 6 weeks Arter's class's 10 years NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
	MEDICAL CERTIFICATION	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED for Haur o. m. While Not while	D. (Enter noture of injury in Part I or Part II of item 1B.) ACE OF INJURY (Hame, farm, 20f. (City ar tawn) (County) (State)
	M	p. m. 21. I certify that (I) (this haspital) attended the deceased fram saw the deceased alive an Aug 9 1960, and that d	Success Shopping Center, Frederick, Md.
1		BURIAL, CREMATION, 236. DATE THEREOF 23c. NAME OF CEMETERY OF CEME	R CREMATORY 23d. LOCATION (City, town, or county) (State)
1	24.	FUMERAL DIRECTOR'S SIGNATURE ADDRESS LICEUR K. Tralconer New-Mark	250. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE Self XIG DATEG 1 6 '60 Orthur S. Huma

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

09125

Reg. Dist. No.

FOR STATE	9153
HEALTH DEPT.	1. PLACE OF DEATH O. COUNTY Frederi
sory, ple	b. CITY OR TOWN (If outside corp pnd give neorest fowp) Frederick-Rur
and for y	d. NAME OF HOSPITAL OR IN: Edgemont Road

may be reto

2, and 3 to the Page 5 may be rel and 2 with the S and 72 hours after do

the work ending in pencil in few 18. Give Pages 1, 2, on Chief Medical Examiner's Office along with form PM3. Page 4 should be a should be a build-transit permit. File pages 1 and to burial, cremation, or removal, and in any event within 72 h

erick

MARYLAND

o. STATE Marvland

b. COUNTY

Month

c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)

2. USUAL RESIDENCE (Where deceased lived. If institution; Residence before admission) Frederick

ude corporate limits, write BURAL Rural RD#5

c. LENGTH OF STAY IN 16 15 Yrs.

Frederick-Rural RD#5

OR INSTITUTION (If not in hospital, give street address)

d. STREET ADDRESS Edgemont Road

DATE

e. IS RESIDENCE YES NO Y

NAME OF DECEASED (Type or print) 5. SEX Male 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) during most of working life, even if retired)
Retired—Laborer 13. FATHER'S NAME

CHARLES White

BRADDLEY 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH

WIREMAN

DEATH 9. AGE (In years

Doy Yeor 19 IF UNDER TYEAR IF UNDER 24 HRS.

USA

Hours

INTERVAL BETWEEN ONSET AND DEATH

10 Minutes

WIDOWED KT

First

DIVORCED

Middle

Dec 1887

14. MOTHER'S MAIDEN NAME

Months

August

12. CITIZEN OF WHAT COUNTRY?

60

Albert E. Wireman

16. SOCIAL SECURITY NO.

Coronary Occlusion

Caroline V. Feeser 17 INFORMANT

Address

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown)

PART I. DEATH WAS CAUSED BY:

213-18-0791

Day Laborer

Millard G. Wireman

Thurmont. Md.

(Same as item #1)

Conditions, if any, which gove rise to immediate couse (o), stating the underlying couse fost

18. CAUSE OF DEATH [Enter only one couse per fine for (o), (b), and (c).]

DUE TO

DUE TO

IMMEDIATE CAUSE (o)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? NO T

20a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. MEDICAL 20c. TIME OF INJURY Month, Doy, Year Hour o.m

p. m.

While Not while of work of work

20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, form, factory, street, office bldg., etc.)

20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Part II of item 18.)

20f. (City or town)

(County)

(Stole) and in my

21. I certify that I took charge of the remains described above, held on Autopsy , Inspection X, Inquiry X,

opinion death resulted from: Notural couses XI. Accident I., Suicide I., Hamicide I., Undetermined manner

CHIEF MEDICAL EXAMINER

DATE SIGNED

10 Aug 1960

EXAMINER'S NAME (Type)

ACTUAL

SIGNATURE

BREMOVAL (Specify)

B. O. Thomas. M. D. 220. BURIAL, CREMATION, 22b. DATE THEREOF

8-11-60

22c. NAME OF CEMETERY OR CREMATORY Methodist Cemetery

22d. LOCATION (City, town, or county) Lewistown, Maryland (Stote)

23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS M. R. Etchison & Son, Frederick, Maryland

240. REC'D BY REGISTRAR DATAUG 11 '60

ASSISTANT MEDICAL EXAMINER

DEPUTY MEDICAL EXAMINEDATA

24b. REGISTRAR'S SIGNATURE

DEPUTY

execute the certificate, writing the wark 4 should be forwarded to the Chief Me 5 FUNERAL DIRECTOR: Page 3 should

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